



College Now @ Borough of Manhattan Community College  
70 Murray Street, Room 1206A  
New York, NY 10007

Tel: 212-346-8490  
Fax: 212-346-8488

Dear Student,

Thank you for your interest in the College Now program at Borough of Manhattan Community College. To enroll in a college credit course, you must be a junior or a senior in a NYC public school in the Summer 2012 and demonstrate that you meet the criteria listed below. Please review the eligibility requirements before submitting your application.

- 480 on the Verbal section of the SAT or at least a 75 on the English Language Arts Regents or at least a 50 on the Verbal section of the PSAT.
- At least a 480 on the Mathematics section of the SAT or at least a 75 on the Mathematics A Regents Exam or the Sequential II Regents or at least 50 on the Math section of the PSAT.
- Students who have not taken the Regents must have an overall high school GPA of 80 and include a letter of recommendation with your application.

High school transcripts must be submitted with your application.

Your completed application will include:

- College Now application
- BMCC Student Health Services Immunization Form
- A copy of your immunization record from your high school.
- A copy of your high school transcript.
- Recommendation letter from teacher or guidance counselor.
- Student Behavior Guidelines and Procedures.
- College Now Photo/ Video/ Website Waiver

**INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.**

If you or your parents have any questions, please contact us at (212)346-8490. We look forward to seeing you at Borough of Manhattan Community College.

Sincerely,

*Peter Williams*

Peter Williams  
Director, College Now  
[pawilliams@bmcc.cuny.edu](mailto:pawilliams@bmcc.cuny.edu)

**Contact Information**

Peter Williams, Director  
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## STUDENT CONTRACT

### COLLEGE NOW at BMCC

I, \_\_\_\_\_, as a participant in the College Now program, understand that I am expected to:

-  Attend all class sessions for College Now.
-  Complete all assignments.
-  Request tutorial services when needed and attend all sessions.
-  Participate in mandatory workshops.

In addition,

-  I must **return all borrowed materials such as textbooks**, to my College Now liaison/counselor **on the last day of class**, or upon withdrawing from the course.

Note: If a student intends to withdraw from a class (without academic penalty), **proper paperwork must be signed in the BMCC College Now office** during the withdrawal period. The textbook must be returned at that time.

Stay focused and have a productive year.

Peter Williams  
Director, College Now  
Borough of Manhattan Community College

*"It's nice to dream, but it's better to plan..."*

Print Name: _____	OSIS#: _____
Your signature: _____	Date: _____
Parent's signature: _____	

<u>Staff Use Only</u>	
_____	_____
Director/ Academic Coordinator's signature	Date



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**College Now Summer 2012**  
**Borough of Manhattan Community College (BMCC)**

**Student Behavior Guidelines and Procedures**

**Activities:** All College Now Summer Academy participants are expected to participate in all activities scheduled during the Summer Academy.

**Behavior:** Participants are expected to behave in a reasonable and non-disruptive fashion and are expected to exercise sound judgment regarding behavior at all times.

**Procedures:**

- Students must ask permission from the instructor/coordinator/chaperones when taking a restroom or drink break
- Students must stay in their designated groups as assigned (excluding field trips).
- Students must quickly switch and report to classes. Freely roaming the building without adult supervision is prohibited.
- **No absences are permitted** (without prior authorization or emergency situations). Absences disrupt scientific team inquiry and will disrupt the learning experience for the entire group.

**Behavior that qualifies for Disciplinary Action:**

- Refusal to follow faculty or student created rules.
- Disruptive behavior
- Disrespectful behavior
- Refusal to participate
- Foul language.

**Disciplinary Action:**

- Verbal warning
- Conference with student
- Written warning
- Parent contact
- Loss of field trip
- Dismissal from program

**Behavior that qualifies from automatic dismissal from the Summer Academy:**

- Fighting
- Absence(s)
- Skipping class
- Possession of unsafe/inappropriate items (as seemed unacceptable by the program staff or director).

I have read and agree to follow the College Now Summer Academy Guidelines & Procedures. I understand that failure to adhere to the guidelines and procedures can lead to disciplinary action.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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## College Now Photo/ Video/ Website Waiver

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

College Now Partner: Borough of Manhattan Community College

Date: \_\_\_\_\_



I hereby consent to allow my child \_\_\_\_\_ to appear live and/or on videotape and/or audiotape and/or in photographs and/or promotional materials produced by College Now, the New York State Higher Education Services Corporation, or the State of New York.

I authorize College Now, the New York State Higher Education Services Corporation, or the State of New York to edit his/her appearance, duplicate his/her appearance in whole or in part for broadcast transmission, exhibition, playback, adaptation, print advertisements, or marketing media, and other uses in any manner or media as they may see fit to promote College Now, the New York State Higher Education Services Corporation, or the State of New York.

I expressly waive any claim that he/she or I may have against College Now, the New York State Higher Education Services Corporation, or the State of New York, its officers and staff, and/or other participants by reason of inclusion of recordings, duplications, or advertisements of him/her in the College Now Program by College Now, the New York State Higher Education Services Corporation or the State of New York

College Now, the New York State Higher Education Services Corporation, or the State of New York may use his/her name, voice and likeness to promote and advertise the College Now Program, the New York State Higher Education Services Corporation, or the State of New York.

\_\_\_\_\_ Parent's Signature

\_\_\_\_\_ Street Address

\_\_\_\_\_ City, State and Zip Code



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## **College Now Courses – SUMMER 2012**

### ***Introduction to Video Technology VAT 100-971, 2 credits***

This course explains how video technology works. It covers the fundamentals of contemporary media technology including understanding video image formation, data compression, picture and sound generation and manipulation, and the impact of new technologies, such as HD-TV and P2P. Lab exercises introduce students to the operations of cameras, video-recording systems, microphones, and the uses of SMPTE Time Code. Students also examine systems for delivering media to the viewer, including webcast, broadcast, and satellite and cable distribution.



# College Now

## College Courses ONLY

### Student Application / Registration Form

Note: If you do not wish to give your Social Security Number, please leave the field empty. If you do give your Social Security Number, it will not be released to outside parties other than CUNY and NYC Dept. of Education. The race/ethnicity category is optional.

#### TO BE COMPLETED BY THE STUDENT

Please use all CAPITAL letters (upper case - mayuscula)

Student OSIS #	Social Security #
<input type="text"/>	<input type="text"/>

Have you participated in College Now before?  Yes  No

Last Name	First Name
<input type="text"/>	<input type="text"/>

Street Address	Apt. #
<input type="text"/>	<input type="text"/>

City	State	ZIP	Home Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E-mail Address	Cell Phone
<input type="text"/>	<input type="text"/>

Date of Birth (mm/dd/yy)

Sex (M/F)

Race/Ethnicity

1. Are you Hispanic/Latino?  Yes  No
2. Select one or more races:  Black or African American  Asian  White  
 Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native

Country of Origin

Native Language

Please indicate when you started the 9th Grade by entering the YEAR you started 9th Grade and checking the appropriate SEMESTER box

Year entered 9th Grade Ex.(2006)

Semester entered 9th Grade  Fall (Sept.-Dec.)  Spring (Jan.-Jun.)

#### TO BE COMPLETED BY 'COLLEGE NOW' STAFF

HS ETS Code	High School Name
33 -	<input type="text"/>
Semester	CUNY College
Summer 2012	Borough of Manhattan Community College

**College Credit or Non-credit Course ONLY** If course is a non-credit course, enter 0.0 for 'number of credits'

1 College Course..... Catalog Course Number  Number of Credits   Check if course is 'waiver funded'

\*\* Enter the Course Number as it appears in the Course Catalog. Do not include section numbers.

2 Course Location:  College Campus  High School Campus

3 Instructor's Primary Affiliation:  College Full Time Faculty  College Part Time/Adjunct Faculty  High School Teacher

*Use ONLY if the student is enrolling in a second COLLEGE CREDIT OR NON-CREDIT course this semester.*

1 College Course..... Catalog Course Number  Number of Credits   Check if course is 'waiver funded'

\*\* Enter the Course Number as it appears in the Course Catalog. Do not include section numbers.

2 Course Location:  College Campus  High School Campus

3 Instructor's Primary Affiliation:  College Full Time Faculty  College Part Time/Adjunct Faculty  High School Teacher

College Now Contact Name: Peter Williams

Phone: (212)346-8490

Fax: (212)346-8488

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE  
IMMUNIZATION FORM**

→ This Form must be submitted to **Room N-303** for Registration Clearance ←

**Part I – Student Information (Please Print Clearly)**

Name \_\_\_\_\_  
(Last Name) (First Name)  
Address \_\_\_\_\_ Apt. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_  
Mo Day Yr

**Part II – (Measles, Mumps & Rubella)**

**TO BE COMPLETED BY YOUR HEALTH CARE PROVIDER**

*Each student is required by LAW to have two (2) doses of MEASLES, and one (1) each of MUMPS and RUBELLA vaccinations. These must have been obtained AFTER the student's FIRST BIRTHDAY and AFTER 1967.*

*\*\*See reverse side for other options\*\**

**Measles** Dose #1 \_\_\_\_/\_\_\_\_/\_\_\_\_ **Mumps** - \_\_\_\_/\_\_\_\_/\_\_\_\_ **Rubella** - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**OR**

**Two (2) doses of an M.M.R. vaccination (AT LEAST 30 days apart)**

**MMR** Dose # 1 \_\_\_\_/\_\_\_\_/\_\_\_\_ Dose #2 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Meningococcal Meningitis Vaccine** Date \_\_\_\_/\_\_\_\_/\_\_\_\_

- A blood test (titer) is also acceptable in place of the vaccination. Results must indicate positive immunity.
- **Please attach a copy of the lab results from your health care provider.**

**Measles Titer** - \_\_\_\_/\_\_\_\_/\_\_\_\_ **Mumps Titer** - \_\_\_\_/\_\_\_\_/\_\_\_\_ **Rubella Titer** - \_\_\_\_/\_\_\_\_/\_\_\_\_  
Results \_\_\_\_\_ Results \_\_\_\_\_ Results \_\_\_\_\_

**Health care provider**

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Stamp or License #:** \_\_\_\_\_

**Part III – (Meningococcal Meningitis Disease)**

*Each student is required by LAW to acknowledge that they have been given and understand the information regarding Meningococcal Meningitis Disease as well as the availability and cost of the vaccination against the disease. You do not have to take the vaccine.*

- A.  I have received the vaccination against Meningococcal Meningitis Disease within the past ten (10) years
- B.  I have decided that I (my child) will NOT obtain immunization against Meningococcal Meningitis Disease.

Signed \_\_\_\_\_ (Date) \_\_\_\_\_  
(Student)

Signed \_\_\_\_\_ (Date) \_\_\_\_\_  
(Parent or Guardian if student is under 18)

**BOROUGH OF MANHATTAN COMMUNITY COLLEGE**  
**Student Health Services, N-303**  
**IMMUNIZATION FORM**

*The following is important information for All City University of New York students (New, Transferring, Foreign, And Re-Admitting). Our goal is to help you in any way we can to insure that all of your requirements are met and your experience with us begins and remains a pleasant one. Please read carefully and follow the instructions. **New York State Health Law 2165 Requires That All Students Born After 1956 And Attending College Must Submit Two Proofs Of Immunization Against Measles, and one of Mumps And Rubella.***

**BMCC / CUNY REQUIREMENTS:** Immunization requirements must be completed prior to registering for classes. These are your options for document submission:

***Two (2)*** Separate dates for Measles, ***One*** date for Mumps, and ***One*** date for Rubella, all given after your first birthday and after 1967 unless it specifically indicates that a live vaccine was given;

***Two (2)*** Separate dates for ***MMR*** (Measles, Mumps and Rubella) vaccines, given more than 28 days apart and given ***After First Birthday*** and 1972;

**BLOOD TITER (Blood Test)** Lab results indicating positive immunity against Measles, Mumps and Rubella. Please attach a copy of the blood test results.

**MEDICAL EXEMPTION:** A Note from a health care provider indicating why vaccine administration or blood testing is contraindicated

**RELIGIOUS EXEMPTION:** Personal statement of affiliation explaining why vaccines are against your religious beliefs.

Please make **copies** of your completed records, or have your medical provider fill out the form on the reverse side and bring to the **Health Services Office, Room N303**. You can also **fax** your records to **212-220-2367**. If you have any questions call us at 212-220-8256. Free vaccines are given in our office during scheduled days as well as at local health stations.

**Thank You,**  
**Penelope S. Jordan, R.N**  
**Director, Health Services**