

Suffolk County Community College Early College Program Application Instructions

To apply for the Early College Program, **students must be a current sophomore, junior or senior** attending a participating high school, and have a minimum 85% **unweighted** high school average and one NYS Regents grade above 85%. **Sophomores can begin taking courses in the summer semester; juniors/seniors can begin in the spring.** Students who do not meet the requirements of Suffolk's Early College Program are always welcome to take courses at Suffolk through general non-matriculate admissions, (<https://www.sunysuffolk.edu/apply-enroll/new-student-admissions/index.jsp>).

- 1. Early College Program Non-Degree Student Admissions Application: PLEASE PRINT ALL INFORMATION CLEARLY.** Read the top portion and complete in its entirety. The term is the semester you plan to begin classes. The date of birth is indicated day/month/year. The mailing address is where you wish the college to send all correspondence. It may or may not be the same as your permanent address of residence. The cell phone and e-mail are those for the student applicant. The date of birth is indicated day/month/year. The home campus is the campus your high school has a partnership (inquire with HS or ECP counselor). The 'ethnicity/race' questions are for statistical purposes only. The 'background information' questions must all be answered, 'yes' or 'no'. The "Emergency Contact Information"* must be completed. Indicate whether primary and secondary phones are either home, work, or cell. The student and parent/guardian must sign and date the bottom. The student signs and dates the bottom. Parents/guardians please sign and date next to your child's signature.
- 2. Early College Program Agreement:** Read carefully and make sure both student applicant **and** parent/guardian sign and date confirming receipt of this document. Retain a copy for your records.
- 3. Certificate of Immunization and Health History and Meningitis Acknowledgement:** Proof of immunity consists of a Certificate of Immunization signed and stamped by a health care provider which documents measles, mumps, and rubella immunity. Answer the health history yes-no questions in the table. Explain 'yes' answers. List allergies and medications taken by the student applicant in the space provided. Provide a mandatory emergency contact. *This should be the same individual you put on the Student Admissions Application (1). **On the lower portion of the form, if you check off the top statement, then attach proof of meningitis immunization.** Otherwise, check the lower statement indicating you have read the meningitis fact sheet: <https://www.sunysuffolk.edu/legalaffairs/documents/f6studentimmunizationrequirements082114.pdf> and decided not to obtain immunization against meningococcal meningitis disease. Both parent/guardian and student must sign and date the bottom. Proof of immunity consists of a Certificate of Immunization signed and stamped by a health care provider documenting measles, mumps, and rubella immunity. These documents must be submitted with ECP application.
- 4. Early College Program Student Approval:** High school principal **and** guidance counselor must initial **each** approval.
- 5. Early College Program Application Checklist/Student Program Procedures and Responsibilities:** Make sure current high school transcript, marking period grades, and available PSAT/SAT/ACT scores are included in your application, prior to submission. Students must coordinate with their high school to submit completed and signed Early College Program applications by scan/e-mail, directly from the high school to Suffolk's appropriate Early College Program Office no later than the communicated due date. These are the only acceptable methods of submission and due dates are firm.
- 6. Attach a one-page typed statement:** "Why I Wish to Enroll in the Early College Program".

If you have questions completing the application, kindly e-mail your HS partnering ECP counselor.

Raymond Martinez, Michael J. Grant Campus ECP Counselor
Caumsett Hall #113, Brentwood, NY 11717
martinr@sunysuffolk.edu ♦ (631) 851-6282

Karen Poidomani, Ammerman Campus ECP Liaison
kpoidomani@sunysuffolk.edu

Charles Connolly, Eastern Campus Director of Enrollment Services, ECP Counselor
Peconic Building #216D, Riverhead, NY 11901
connolc@sunysuffolk.edu ♦ (631) 548-2528

Students who have an IEP or 504 plan in high school, or require disability accommodations, should alert their ECP Campus counselor/liaison **and** contact the appropriate campus specific Disabilities Services Office:

Ammerman: (631) 451-4045 ♦ **Michael J. Grant:** (631) 851-6355 ♦ **Eastern:** (631) 548-2527

Last Name: _____ First Name: _____ Middle Initial: _____ High School: _____

Early College Program NON-DEGREE Student Admissions Application
(Complete and Sign)

Term: Fall Spring Summer Year: _____ (Circle One Term and Write in Year)

Congratulations on your recommendation to Suffolk's Early College Program. Please complete the information requested below, sign where indicated, and follow the directions to apply to Suffolk's Early College Program. All non-degree students will need to verify that they have met course prerequisites before they will be permitted to register for courses that have prerequisite requirements. Please review the New Registration Policy Regarding Prerequisites (<https://www.sunysuffolk.edu/apply-enroll/just-taking-a-course-or-two.jsp#tab-d12e3-3>).

Your Social Security Number is used to coordinate the collection of information for all your student records. Authority to collect the Social Security Number is granted under Section 355 of the New York State Education Law.

Social Security #: _____ Date of Birth: _____ High School Graduation Date: _____
mm/dd/year mm/year

Permanent Address: _____ City/State/Zip: _____
(Address where you legally reside)

Mailing Address: _____ City/State/Zip: _____
(Address where you receive mail, if different from permanent address)

County (if other than Suffolk): _____ Home Phone: () _____ Student's Cell Phone: () _____

Student's E-mail: _____ Gender: _____ Home Campus: _____
F=Female / M=Male Ammerman/Selden, Eastern/Riverhead, Grant/Brentwood

Parent/Guardian's Name: _____ Cell#: _____ E-mail: _____

Area of Interest: (1) Liberal Arts / Arts / Business / Early Childhood / Health Information Technology / Law / Other _____
(Circle One) (2) Have you ever taken a prior course at Suffolk? Yes No

Ethnicity/Race (For statistical purposes. Your response is optional and does not affect your admission.): Do you want to answer? Yes No

- Are you Hispanic/Latino? Yes No
- If Hispanic or Latino, please indicate your ethnicity (select one):
 Cuban Dominican Mexican Puerto Rican South American Central American Other Hispanic/Latino
- All applicants please indicate your race (select one or more):
 American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Background Information:

1. Have you been a legal resident of the State of New York for the past twelve (12) months? Yes No
2. Have you been a resident of the County of Suffolk for the past six (6) months? Yes No
3. Are you a citizen of the United States? Yes No

Emergency Contact Information:

Name Last / First: _____ Relationship: _____ Primary Phone: _____

Address: _____ City/State/Zip: _____ Secondary Phone: _____
 Home; Work; Cell; Other

Home; Work; Cell; Other

Parent/Guardian, HS and ECP Counselor signatures below indicate that the student has permission to attend Suffolk through the Early College Program.

Student Signature Date Parent/Guardian Signature Date

TO BE FILLED OUT BY THE HIGH SCHOOL COUNSELOR: H.S. Unweighted Average: _____ Highest Regents Exam Score: _____

Counselor's Name _____ Contact #: _____ Counselor's Signature _____

TO BE FILLED OUT BY SUFFOLK'S ECP ADVISOR: ECP Signature _____ Date _____

CPT TEST SCORES: Reading: _____ Writing: _____ Math: _____ Algebra: _____ Accepted: _____ Not Accepted: _____

For Office Use Only: (NEWNONM: SAAQUIK/SFAREGS) Processed by: _____ Campus: _____ Date: _____

Suffolk County Community College

High School: _____

Early College Program Agreement (Read, Sign and retain a copy for your records.)

The student's participation in Suffolk's Early College Program assumes certain obligations on the part of both the college and the student. The information below describes these obligations. Students and their parents/guardians should review this information carefully and sign indicating their agreement with and willingness to abide by the conditions set forth.

The College agrees to:

- Assign students to courses appropriate to their ability and provide qualified faculty to teach such courses.
- Assist students in the scheduling of their courses.
- Monitor student mid-year progress: communicate concerns to student, high school, and parent/guardian as deemed necessary.
- Share process for students to retrieve their course grades and academic transcripts at the end of the semester.
- Integrate ECP students into the life of the college as much as their schedules allow.
- Provide college support services as documented.

The Student agrees to:

- Activate their Suffolk student e-mail account. E-mail via this account is the College's primary mode of communication.
- Attend all classes and arrive in the classroom before the starting time for classes.
- Do all coursework (reading, homework, papers, tests, participation, etc.) at the level expected of a college student.
- Behave in a manner consistent with the college's **Student Code of Conduct**. See Student Codes and College Policies of the Student Handbook: <https://www.sunysuffolk.edu/forms/student-handbook.pdf>
- Obtain a College ID card prior to or on the first day of class and carry the card on his/her person whenever on campus (ID card information: <https://www.sunysuffolk.edu/experience-student-life/public-safety/id-cards.jsp> and the Student Handbook.
- Obtain a Suffolk Parking Permit: <https://www.sunysuffolk.edu/experience-student-life/public-safety/parking-permits.jsp>
- Make course selection(s) with assistance from their high school counselor and designated Suffolk ECP counselor. Sign and **acquire approval from parent/guardian and** submit course selections providing 3-5 alternatives.
- Students should consider any college level courses that they have either taken or plan on taking when selecting college courses through Suffolk's ECP. It is the student's responsibility to discuss college level courses taken in HS with their HS counselor **prior** to registration of courses through Suffolk's ECP.
- Adhere to Suffolk's Early College Program continuation policy.

The Personal Privacy Protection Law requires this notice to be provided when collecting personal information from individuals. The information on this registration form will be used by Suffolk to evaluate your request for admission and will be incorporated into your student records if and when you enroll. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355(2)(h) of the Education Law. This application information will be maintained in the College Records Office. The official responsible for the maintenance of this information is the College Registrar, Suffolk County Community College, 533 College Road, Selden, NY 11784.

Non-Discrimination Notice: Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender identity or expression, sexual orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence victim status, or disability in its admissions, programs and activities. For more information, see: www.sunysuffolk.edu/nondiscrimination. The following person has been designated to handle inquiries regarding the College's non-discrimination policies: **Civil Rights Compliance Officer, Christina Vargas**, Chief Diversity Officer / Title IX Coordinator, Ammerman Campus, NFL BLDG., Suite 230, 533 College Road, Selden, New York 11784; vargasc@sunysuffolk.edu; (631) 451-4950.

Contact Public Safety at any time 24 hours a day/7 days a week (631) 451-4242 or 311 from any College phone. Inquiries may also be directed to the United States Department of Education's Office for Civil Rights, 32 Old Slip 26th Floor, New York, NY 10005-2500; Tel. (646) 428-3800; Email: OCR.NewYork@ed.gov. All campus crime statistics are available on the College website at sunysuffolk.edu/Safety.

FERPA release statement:

I agree to the above obligations as a condition of my enrollment and continued participation in the program. It is understood that violations of the above may result in disciplinary action, which could include removal from the program. The Family Educational Rights and Privacy Act of 1974 (FERPA) serves to protect the privacy of students' education records. As a condition for enrollment in this program I am authorizing the release of specific educational information so that designated Suffolk County Community College personnel may discuss my performance, behavior and/or academic records on my behalf with my parents/guardians and designated high school personnel.

I have received a copy of this agreement.

Student's Signature

Date (mm/dd/year)

Parent/Guardian's Signature

Date (mm/dd/year)

(Complete and Sign, Health Care Provider Stamp)

Name _____ Student ID# _____

Date of Birth _____ Home Campus _____

Must be completed, signed and stamped by physician or health careprovider.

In accordance with NYS Public Health Law section 2165, all students enrolled for at least six (6) semester hours, or the equivalent, at Suffolk County Community College, who were born on or after January 1, 1957, must provide acceptable written proof of immunity against measles, mumps, and rubella in accordance with standards approved by the New York State Department of Health. A health record from your high school or your doctor, which properly documents immunization history is acceptable and must be submitted along with this form.

Required: Measles (Rubeola) Immunity - Must have **one** of the following:

- Two dates of measles immunization are required. Both must be given on or after January 1, 1968 and be at least 28 days apart. The first dose **must** be on or after the first birthday and the second dose must be administered after 15 months of age. (Please note if **MMR** was given.)
(1) _____ (2) _____
- Measles Titer showing positive immunity. Attach lab report.
- Physician-diagnosed measles disease.

Date of Disease _____ Diagnosing Physician's Signature _____

Required: Mumps Immunity - Must have **one** of the following:

- One date of mumps immunization is required. Must be on or after January 1, 1969, **and** on or after the first birthday.
Date _____
- Mumps Titer showing positive immunity. Attach lab report.
- Physician-diagnosed mumps disease.

Date of Disease _____ Diagnosing Physician's Signature _____

Required: Rubella (German measles) Immunity - Must have **one** of the following:

- One date of rubella immunization is required. Must be on or after January 1, 1969, **and** on or after the first birthday.
Date _____
- Rubella Titer showing positive immunity. Attach lab report. (Note: Physician diagnosis of rubella is **not** acceptable.)

Note: MMR vaccines are recommended for all measles vaccine doses to provide increased protection against all three vaccine-preventable diseases: measles, mumps, and rubella.

Recommended Vaccine: Meningococcal Meningitis

Must have been given within the past 10 years. Date _____

Recommended Vaccine: Tetanus

Tetanus or Td booster should be given every 10 years. Date _____

Signature of Health Practitioner

Date

Physician/Agency Stamp (Required)

Telephone #

Last Name: _____ First Name: _____ Middle Initial: ___ High School: _____

Early College Program Health History and Meningitis Acknowledgement Form (Complete and Sign)

Name _____ Student ID# _____
 Mailing Address _____ City _____ State _____ Zip Code _____
 Telephone Number _____ Email Address _____ Date of Birth _____ Home Campus _____

Health History to be completed by student:

Do you have now or have you ever had a history of:

	Y	N
Alcohol/drug dependency		
Smoking		
Asthma		
Chronic lung disease		
Tuberculosis		
High blood pressure		
Heart disease/heart murmur		
Cancer/tumors		
Thyroid problem		
Diabetes		
Sinus problems		
Frequent/severe headaches		
Severe head trauma		
Stroke		
Seizures		
Paralysis		
Cerebral palsy		
Psychiatric/emotional disorder		
Anorexia/bulimia		

	Y	N
Stomach/intestinal disorders/ulcers		
Hernia		
Gall bladder problems		
Liver problems/hepatitis		
Kidney/bladder problems		
Bone disease		
Joint problems/arthritis		
Lyme disease		
Back/neck problems		
Vision problem not corrected with glasses		
Hearing loss		
Surgery		
Transplant		
Amputation		
Sexually transmitted disease		
Chicken Pox		
Mononucleosis		
Other		
Other		

Please explain all "yes" answers:

Please list any allergies you may have (food, medicine, insects, environmental, other):

Indicate any medication you take on a regular basis (include birth control and vitamins):

Emergency Contact:

Please provide the name and telephone number of the person(s) to be notified in case of an emergency:

Required Acknowledgement of Meningitis Information: (only make one choice)

As per NYS Public Health Law Section 2167, it is **mandatory** that you check *one* of the following boxes and sign below, or you will not be permitted to continue your enrollment at SCCC. If you are under 18 years old, you *and* your parent/guardian must sign this form.

- I have received the meningococcal meningitis immunization within the past 10 years.
Date received _____ (Appropriate documentation **must** be submitted to the Health Services Office or this acknowledgement will not be valid.)
- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks and benefits of immunization against meningococcal meningitis. I have decided at this time that I will **not** obtain the immunization against meningococcal meningitis disease. I understand that I may choose in the future to be immunized against meningococcal meningitis.

To the best of my knowledge the above statements are true.

Student Signature
Date
Parent/Guardian Signature (if student is under age

Last Name: _____ First Name: _____ Middle Initial: ___ High School: _____

**Suffolk County Community College
Early College Program Student Approval Form
(Complete and Student's High School Principal and Guidance Counselor Sign)**

Student Address: _____

Dear High School Principal and Guidance Counselor,

The student named above, has expressed an interest in enrolling in college courses through Suffolk's Early College Program. In accordance with College policy:

1. Students are eligible to apply and participate in Suffolk's Early College Program during the academic year following their sophomore or junior year.
2. Students should have a minimum **unweighted** high school average of 85%.
3. The high school principal and the student's guidance counselor must provide the College with approval that the student has the requisite maturity to benefit from college-level instruction. Student attendance should be considered as the College has a Class Attendance Policy (See Class Attendance, Page 13 of the Student Handbook: <https://www.sunysuffolk.edu/forms/student-handbook.pdf>).

Kindly Print HS Principal's Name: _____

Kindly Print HS Guidance Counselor's Name: _____

Principal's Approval and date: (Please initial and date)	Guidance Counselor's Approval and date: (Please initial and date)	
		Student meets above eligibility requirements (#1 and #2).
		Approval that the above named student has the requisite maturity to benefit from college-level instruction.

Suffolk's attendance policy and academic calendar is imposed for all participating students.

Please feel free to contact me if there is any additional information I can provide.

Lisa J. Calla

Assistant Dean for K-12 Programs
SUNY-Suffolk County Community College
Ammerman Campus, NFL 127
533 College Road, Selden, New York 11784
K12Programs@sunysuffolk.edu
Phone: (631) 451-4155 ♦ Fax: (631) 451-4681

Prior to the due date, students must coordinate with their high school to submit and have on file in the appropriate Campus Early College Program Office, a completed and signed ECP application. **Applications scanned/e-mailed directly from the high school to Suffolk's Campus ECP Office are the only acceptable methods of submission.** Students who submit applications (or take qualifying exams) after the communicated due date(s) are offered courses as available.

- Early College Program Non-Degree Student Admissions Application
- Early College Program Agreement with FERPA release statement signed
- Certificate of Immunization and Health History and Meningitis Acknowledgement Complete and Signed
- Complete Health Records and Certificate of Immunization signed and stamped by a health care provider documenting measles, mumps, and rubella immunity
- Early College Program Student Approval Form (signed by HS principal and guidance counselor)
- One-page typed statement, "Why I Wish to Enroll in the Early College Program" as an attachment.
- High school academic transcripts, current marking period grades, and available PSAT/SAT/ACT scores**

Students who have an IEP or 504 plan in high school, or require disability accommodations, should alert their ECP Campus counselor and contact the appropriate campus specific Disabilities Services Office:

Ammerman Campus: (631) 451-4045
Michael J. Grant Campus: (631) 851-6355
Eastern Campus: (631) 548-2527

Suffolk's ECP counselors, dependent upon which campus your high school is partnering:

Raymond Martinez, Michael J. Grant Campus ECP Counselor
Caumsett Hall #113, Brentwood, NY 11717 martinr@sunysuffolk.edu ♦ (631) 851-6282

Karen Poidomani, Ammerman Campus ECP Liaison
Smithtown Science # 104, Selden, New York 11784 earlycollege@sunysuffolk.edu ♦ (631) 451-4528

Charles Connolly, Eastern Campus Director of Enrollment Services, ECP Counselor
Peconic Building #216 D, Riverhead, NY 11901 connolc@sunysuffolk.edu ♦ (631) 548-2528

Student Early College Program Procedures and Responsibilities:

Students are notified of their acceptance decision into Suffolk's Early College Program by one of Suffolk's Early College Program counselors/liaisons, via the student's e-mail as provided on the student application.

Through Suffolk's Early College Program, students are limited to one Summer Session II course during their first year in the program, and under recommendation of Suffolk's Early College Program counselor, two Summer Session II courses during their second year.

Upon registration into Suffolk's ECP courses, students will receive a bill mailed to the mailing address as provided on the student's application. Students are responsible for paying their tuition bill **on time** to maintain registration in their classes. Tuition for students enrolled in Suffolk's Early College Program is a reduced rate of approximately 1/3 of the in-county part-time tuition for that year plus course related fees. **There is an additional \$85 Distance Fee for online classes.** Students not enrolled or not accepted into Suffolk's Early College Program are welcome to take courses at Suffolk, however they would follow the general admissions process, and pay regular college tuition.

Please take note of the timeline, policies and due dates as course registration and tuition payments are binding and non-refundable after college drop/add/withdrawal and refund policy dates.

Key Enrollment Dates: www.sunysuffolk.edu/Students/Registrar.asp

Refund Policy: www.sunysuffolk.edu/Students/Refund.asp

Campus Directions and Maps: <http://www.sunysuffolk.edu/About/Directions.asp>