# **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. 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 TYPE ALL INFORMATION. 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. Early College Program Health History and Meningitis Acknowledgement Form

  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 factsheet: <a href="https://www.sunysuffolk.edu/legalaffairs/documents/f6studentimmunizationrequirements082114.pdf">https://www.sunysuffolk.edu/legalaffairs/documents/f6studentimmunizationrequirements082114.pdf</a> 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
- 4. Early College Program Student Approval: High school principal and guidance counselor must initial each approval.

documenting measles, mumps, and rubella immunity. These documents must be submitted with ECP application.

- 5. Early College Program Application Checklist/Student Program Procedures and Responsibilities: Make sure current high school transcript, marking period grades, and available 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/email, 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 NFL Building, Academic Affairs Dept, Ammerman Campus kpoidomani@sunysuffolk.edu

Charles Connolly, Eastern Campus Assistant Dean of Student Affairs 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 Manic.	First	t Name:	Middle Initial:_	High School:
	Early College Progra	am NON-DEGREE Stud (Complete and Sign		ication
Term:	Fall ☐ Spring ☐ Summer	· Year:	(Choose One Term an	d Write in Year)
indicated, and follow the d prerequisites before they	irections to apply to Suffolk will be permitted to register	's Early College Program. All r	on-degree students will need isite requirements. Please	mation requested below, sign where d to verify that they have met course review the New Registration Policy
		the collection of information e New York State Education		rds. Authority to collect the Social
Social Security #:		Date of Birth:	High School G	raduation Date:
		mm/do	•	mm/year
Permanent Address:	(Address where you	legally reside)	City/State/Zip:	
vianing Addi css	(Address where you receive n	nail, if different from permanent ad	dress)	
County (if other than S	Suffolk):	Home Phone: ( )	Student's (	Cell Phone: ( )
Student's E-mail:		Gender:	Home Campu	y:
		F=Female	M=Male Ammerman/S	elden, Eastern/Riverhead, Grant/Brentwood
Parent/Guardian's Na	me·	Cell#·	F-mail:	
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Last Name:	First Name: Middle Initial: High School:
	Suffolk County Community College
	Early College Program Agreement (Read, Sign and retain a copy for your records.)
The information below of	on in Suffolk's Early College Program assumes certain obligations on the part of both the college and the student describes these obligations. Students and their parents/guardians should review this information carefully and signer with and willingness to abide by the conditions set forth.
<ul><li>Assist students</li><li>Monitor studen</li><li>Share process f</li><li>Integrate ECP s</li></ul>	s to courses appropriate to their ability and provide qualified faculty to teach such courses. in the scheduling of their courses. It mid-year progress: communicate concerns to student, high school, and parent/guardian as deemed necessary. For students to retrieve their course grades and academic transcripts at the end of the semester. Students into the life of the college as much as their schedules allow.
<ul> <li>Attend all class</li> <li>Do all coursew</li> <li>Behave in a ma Student Handbe</li> <li>Obtain a Colleg information: ht</li> <li>Obtain a Suffol</li> <li>Make course s acquire appro</li> <li>Students should through Suffolk to registration of</li> </ul>	Suffolk student e-mail account. E-mail via this account is the College's primary mode of communication. sees and arrive in the classroom before the starting time for classes.  ork (reading, homework, papers, tests, participation, etc.) at the level expected of a college student.  unner consistent with the college's <b>Student Code of Conduct.</b> See Student Codes and College Policies of the cook: <a href="https://www.sunysuffolk.edu/forms/student-handbook.pdf">https://www.sunysuffolk.edu/forms/student-handbook.pdf</a> ge ID card prior to or on the first day of class and carry the card on his/her person whenever on campus (ID card attps://www.sunysuffolk.edu/experience-student-life/public-safety/id-cards.jsp and the Student Handbook. Ik Parking Permit: <a href="https://www.sunysuffolk.edu/experience-student-life/public-safety/parking-permits.jsp">https://www.sunysuffolk.edu/experience-student-life/public-safety/parking-permits.jsp</a> election(s) with assistance from their high school counselor and designated Suffolk ECP counselor. Sign and the value of the counselor and submit course selections providing 3-5 alternatives.  d consider any college level courses that they have either taken or plan on taking when selecting college course courses through Suffolk's responsibility to discuss college level courses taken in HS with their HS counselor prior for courses through Suffolk's ECP.  olk's Early College Program continuation policy.
The Personal Privacy Protect form will be used by Suffolk trequested information could provided the This application information volume Suffolk County Community Content of Non-Discrimination Notice: identity or expression, sexual existing status, or disability in it been designated to handle inquiritle IX Coordinator; Ammer Contact Public Safety at any Department of Education's Office of Safety and Department of Education's Office of Safety at any Department of Education's Office of Safety and Safety	etion Law requires this notice to be provided when collecting personal information from individuals. The information on this registration to evaluate your request for admission and will be incorporated into your student records if and when you enroll. Failure to provide the revent your application from being processed. The authority to request this information is found in Section 355(2)(h) of the Education Law. will be maintained in the College Records Office. The official responsible for the maintenance of this information is the College Registrar, follege, 533 College Road, Selden, NY 11784.  Suffolk County Community College does not discriminate on the basis of race, color, religion, creed, sex, age, marital status, gender orientation, familial status, pregnancy, predisposing genetic characteristics, national origin, military or veteran status, domestic violence its admissions, programs and activities. For more information, see: www.sunysuffolk.edu/nondiscrimination. The following person has urires regarding the College's non-discrimination polices: Civil Rights Compliance Officer, Christina Vargas, Chief Diversity Officer man Campus, NFL BLDG., Suite 230, 533 College Road, Selden, New York 11784; vargasc@sunysuffolk.edu; (631) 451-4950. 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 aliable on the College website at sunysuffolk.edu/Safety.
of the above may result a Act of 1974 (FERPA) s authorizing the release of	gations as a condition of my enrollment and continued participation in the program. It is understood that violation in disciplinary action, which could include removal from the program. The Family Educational Rights and Privac serves to protect the privacy of students' education records. As a condition for enrollment in this program I are of specific educational information so that designated Suffolk County Community College personnel may discustion and/or academic records on my behalf with my parents/guardians and designated high school personnel.
Student's Signa	Date (mm/dd/year)

Date (mm/dd/year)

Parent/Guardian's Signature

ast Name:	First Name:	Middle Initial:	High School:
Early Colleg	ge Program Health History (Comple	y and Meningitis Acknow ete and Sign)	ledgement Form
NameMailing Address		Student ID#	
Mailing Address		City	State Zip Code
Mailing Address Telephone Number	Email Address	Date of Birth	Home Campus
Health History to be completed by stu	udent:		
Do you have now or have you ever ha			
	Y N		Y
Alcohol/drug dependency		Stomach/intestinal disc	orders/ulcers
Smoking		Hernia	
Asthma		Gall bladder problems	
Chronic lung disease Tuberculosis		Liver problems/hepatit	
	<del></del>	Kidney/bladder proble Bone disease	ems
High blood pressure		I	
Heart disease/heart murmur		Joint problems/arthritis	S
Cancer/tumors		Lyme disease	
Thyroid problem		Back/neck problems	(1.31.1
Diabetes		Vision problem <b>not</b> co	orrected with glasses
Sinus problems		Hearing loss	
Frequent/severe headaches		Surgery	
Severe head trauma		Transplant	
Stroke		Amputation	
Seizures		Sexually transmitted d	isease
Paralysis		Chicken Pox	
Cerebral palsy		Mononucleosis	
Psychiatric/emotional disorder Anorexia/bulimia		Other Other	
lease list any allergies you may have	e (food, medicine, insects, environ	nmental, other):	
ndicate any medication you take on	a regular basis (include birth contr	rol and vitamins):	
Emergency Contact: Please provide the name and telephor	ne number of the person(s) to be n	otified in case of an emergency:	
Required Acknowledgement of Me			
As per NYS Public Health Law Secti			
ot be permitted to continue your enr	follment at SCCC. If you are under	r 18 years old, you <i>and</i> your pare	ent/guardian must sign this form.
<b>-</b>			
	ococcal meningitis immunization		
Date received		documentation <b>must</b> be submitte	ed to the Health Services Office of
this acknowledgement will	not be valid.)		
☐ I have read, or have had exp	plained to me, the information rega	arding maningagagal	disage I understand the mist-
	on against meningococcal mening		
	ngococcal meningitis disease. I ur		
against meningococcal mer		naorstana mat i may choose ili ul	to rature to be miniminized
o the best of my knowledge the abo	ve statements are true.		
Student Signature	Date	Parent/Guardian S	ignature (if student is under age

Last Name:	First Name:	Middle Initial: High School:
(Con	Early College Progra	Community College am Student Approval Form ol Principal and Guidance Counselor Sign)
Student Address:		
Dear High School Prince	cipal and Guidance Counselor,	
The student named above Program. In accordance	· · · · · · · · · · · · · · · · · · ·	olling in college courses through Suffolk's Early College
	gible to apply and participate in Su sophomore or junior year.	offolk's Early College Program during the academic year
2. Students should	d have a minimum unweighted hig	h school average of 85%.
student has the considered as the	requisite maturity to benefit from o	ce counselor must provide the College with approval that the college-level instruction. Student attendance should be Policy (See Class Attendance, Page 13 of the Student adent-handbook.pdf).
Kindly Print HS Princip	oal's Name:	
Kindly Print HS Guidar	nce Counselor's Name:	
Principal's	Guidance Counselor's	
Approval and date:	Approval and date:	
(Please initial and de	ate) (Please initial and date)	

Principal's	Guidance Counselor's	
Approval and date:	Approval and date:	
(Please initial 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

# Early College Program Application Checklist (For Student Reference - Read and Keep for Files)

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. All applications must be typed and emailed to your Early College Program Counselor.

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

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 <u>martinr@sunysuffolk.edu</u> ♦ (631) 851-6282

## Karen Poidomani, Ammerman Campus ECP Liaison

NFL Building, Academic Affairs Dept, Selden, New York 11784 earlycollege@sunysuffolk.edu ♦ (631) 451-4528

#### Charles Connolly, Assistant Dean of Student Affairs, 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