

3rd Choice Course Name

COLLEGE NOW APPLICATION

FALL 2025

AA comoBo i to ii	
New Student	Returning Student

EMPLID (Student - COLLEGE	ID#)•
EMIT LID (Student - COLLEGE	ID#)•

EMI LID (Sta	dent - COLLEGE ID"):				
Today's Date		Date of Birth (MM/DD/YYYY)			
Student's Name: (First)	(M.I.)	(Last)			
Student OSIS (High School ID) [Required]		Student SSN [REQUIRED]*			
Street Address + Apt #:		City	State	Zip Code	
Home Phone #		Student Cell Phone #			
Email Address you will use for CNOW class: (Please print clearly)		Gender: ☐ Male ☐ Female ☐ Trans ☐ Gender NonC ☐ Gender X ☐ Not listed			
Name of High School:		Current Grade Level on Transcript. 10th 11th 12th			
Counselor Name:	Counselor Phone #:	Counselor E	mail Address:		
	k with Guidance Counselor/ OT EMAIL YOUR SSN IN TH	College Advisor E BODY OF YO	C/College Now Offic	re.	
COURSE		SEN	MESTER	GRADE	
1. 2. 3. 4.					
COURSE CHOICES: Review Co Please indicate your FIRST (3) three course option blank. Every effort will be made to p 1st Choice Course Name	choices, in order of preferenc	e. If you do not pice course, but	have a 2nd or 3rd o	hoice, leave this	
2nd Choice Course Name					



CONSENT FORM

FALL **2025**

Student Name: High School:	
Current Grade:	
I,Print Name of Parent/Guardian	, certify that I am the parent/guardian of the student named above and
is an instructional activities program Avenue, Brooklyn, New York 11225 after school. If the course takes place by various forms of public and priva also understand that there may be ris	g in the City University of New York (CUNY) College Now Program which in taking place at Medgar Evers College (MEC), located at 1650 Bedford 5. I am aware that my child's course(s) will take place once/ twice a week, e on MEC campus, I understand that my child may travel to the college site atte transportation. I understand that some courses may require field trips. I sks involved in my child's departure from his/her home or school without trisks on behalf of my child and myself.
affiliation; and/or written and /or reco	Tew York (CUNY) to use my child's image or photograph, name, high school orded oral statements made in or about College Now, solely for the purposes age Now program for other city students through CUNY's non-commercial College Now program and use on CUNY-TV and cuny.edu, in any manner ughout the world.
	Date:
Print Name of Parent/Guardian	Signature of Parent/Guardian
Parent Email Address:	
Parent Cell:	Work:
In case of an emergency, please prov numbers: <u>Information should be PR</u>	vide two (2) contact persons over the age of 18 with valid phone RINTED.
1. Name:	Phone:
2. Name:	Phone:
If student is over the age of 18, they	may sign this application; parental consent/signature not required.
Student Signature:	Date: