CUNY COUNSELING ASSISTANTSHIP PROGRAM (CUNYCAP)

Application for: (Check one) 🛛 Fall 2024 Program 🗖 Spring 2025 Program

Middle				
Apartment Number				
Work: ()				
yes Language:				
atus: 🗖 single 🗖 married				
☐ Male ☐ Female Other				
date obtained other, please specify date obtained expiration date				
GPA:				
Were you a participant in the SEEK Program and or College Discovery?				
GRADUATE INFORMATION AND PROFESSIONAL GOALS				
()				
Area Code				
Upon completion of your graduate study, what type of position will you seek?				

EXPERIENCE			
Current or most recent site of employment:			
Address:			
Telephone: ()			
Supervisor: Dat		month/year	to
Position/description of responsibilities:		month/year	monui/year
Previous and/or other employment: (please include any work as a college assistant, tutor, etc.)			
Address:			
Telephone: ()			
Supervisor: Dat	es employed:		to
Position/description of responsibilities:		month/year	montn/year
CUNYCAP PARTICIPATION			
CUNYCAP offers many mentoring and advisement op	portunities. Let us	know what mig	ht appeal to you.
College placements vary and can include positions in t your interests: Judicial Affairs Graduation Initiatives Student Activities/Centra Other	Health Se Ombuds al Depository	ervices Services	

1. Please describe your computer skills and any other administrative capabilities			
2. Why are you a strong candidate for CUNYCAP?			
3. Other information?			
How did you learn about CUNYCAP?			
Reminder!!! Please submit <u>TWO</u> letters of recommendation <u>and proof</u> of your graduate school status (letter of acceptance, transcript, etc.)			
		"CUNYCAP" Pr	
Thank you for your interest and assistance. <u>Please return this</u>	s application to:	Office of the VP 2113 Boylan H	for Student Affairs all
Signature		Brooklyn Colleg	e
		2900 Bedford Av Brooklyn NY 112	
Date:		Telephone: 718.9 Attn: Christoph	951.5352