

FOR IMMEDIATE CONSIDERATION, THIS APPLICATION AND A \$200 NON-REFUNDABLE DEPOSIT SHOULD BE TURNED IN TO THE CASHIER'S OFFICE IN 102 BRAY HALL – OPEN UNTIL 3:30 pm ON WEEKDAYS. CHECKS SHOULD BE MADE OUT TO "SUNY-ESF." IF MAILING, SEND THIS PACKET AND CHECK TO: 1 Forestry Drive, 103 Bray Hall, Syracuse, NY 13210. APPLICATIONS AND DEPOSITS WILL BE ACCEPTED ON A ROLLING BASIS. AVAILABLE SLOTS IN COURSES ARE NOW BEING ADVERTISED TO OTHER MAJORS AND LOCAL COLLEGES.

**CRANBERRY LAKE BIOLOGICAL STATION
PRE-REGISTRATION FORM FOR 2019**

PLEASE PRINT LEGIBLY

DATE: _____

NAME: _____ COLLEGE ID# _____

DATE OF BIRTH: _____

COMPLETE ADDRESS WHERE YOU WILL RECEIVE MAIL IN **MAY**:

Street City State Zip

TELEPHONE NUMBER: CELL: _____

HOME (EMERGENCY) ADDRESS: _____

PHONE: _____

YOUR PREFERRED E-MAIL ADDRESS (the one you read most often)

CURRENT MAJOR: _____

COLLEGE RANK: Freshman _____ Sophomore _____ Junior _____ Senior _____

MARITAL STATUS: _____ GENDER: _____

HAVE YOU BEEN A LEGAL RESIDENT OF NEW YORK FOR THE PAST
YEAR? YES _____ NO _____

DIETARY RESTRICTIONS (FOR FOOD SERVICE PLANNING)
ARE YOU: STRICTLY VEGETARIAN _____ VEGAN _____ OTHER _____

SIGNATURE: _____

Instructions: For those signing up to take EFB 202, please select first (1), second (2), and third (3) preference between Sessions A, B, and D.

NOTE THAT SESSION A IS ESSENTIALLY FULL AT THIS TIME.

For the elective classes in Sessions C, please rank (1 - 4) your preferences, as you may not be placed in your first choice of class. Please note that you do not have to sign up for an electives class (and please do not rank ones that you absolutely do not want to take).

Session A: May 19th – June 7th, 2019

EFB 202	Ecological Monitoring and Biodiversity Assessment	Team Taught	Preference:
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Session B: June 9th – June 28th, 2019

EFB 202	Ecological Monitoring and Biodiversity Assessment	Team Taught	Preference:
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Session C: July 7th – July 19th, 2019

			Preference:
EFB 337	Field Ethnobotany		
EFB 496/796	Ecology of Wetland Communities		
EFB 496/796	Field Herpetology		
EFB 388	Adirondack Fishes		

Session D: July 21st – August 9th, 2019

EFB 202	Ecological Monitoring and Biodiversity Assessment	Team Taught	Preference:
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Please note why you are choosing a particular elective course so we can be sure to place students who are choosing a course to support their major:

Please note any extenuating circumstances to explain why you must take one of the above EFB202 sessions relative to another session:

CRANBERRY LAKE BIOLOGICAL STATION
VOLUNTARY MEDICAL DISCLOSURE FORM

Name: _____

Our goal is to ensure your summer of studying at a Cranberry Lake Biological Station is enjoyable. For your safety and comfort we would like to know if there are any special circumstances that should be taken into consideration in your attendance at CLBS. The information is voluntary but our knowing may help you in the event of an emergency.

Special circumstances might include such things as, acute allergy to bee stings, allergies to medications, food allergies (we will notify the kitchen), medications that need refrigeration (we can store them for you), or physical restrictions. Please describe below if you have any concerns. Please fill out the questionnaire below whether or not you have any type of medical condition.

I have medication that needs refrigeration. YES ___ NO ___

I have allergies (including food allergies) to _____

I am allergic to bees. YES ___ NO ___

If YES do you have an epi-stick? YES ___ NO ___

I have diabetes. YES ___ NO ___

If YES, is it controlled by diet or medication (circle response)?

If you control by diet the kitchen will do their best to accommodate your needs.

I have asthma. YES ___ NO ___

I am taking medication and/or carry an inhaler (circle response).

I have other health concerns:

In case of emergency please contact my physician.

Physician's name: _____

Telephone number: _____

Emergency contact person: _____

Emergency contact phone number: _____

The above information is confidential, for our records only, and as your professors are part of CLBS we feel they need to be made aware of such conditions as physical limitations, allergies, asthma and diabetes for safety reasons while in the field. This information will not, otherwise, be released without your permission outside CLBS.

CRANBERRY LAKE BIOLOGICAL STATION

BOATING RELEASE FORM

In order to insure the safe operation of college owned boats, on college properties and elsewhere, the State University of New York, College of Environmental Science and Forestry requires that all potential operators become aware of the rules and suggestions related to appropriate and safe boating. The college requires that all operators complete a New York State approved Boat Safety Certification Course. Successful completion of this course indicates the operator understands and has retained the information contained in the New York State Boater's Guide. This Handbook (<http://www.nysparks.com/recreation/boating/documents/NYSBoatersGuide.pdf>) is published by the State to provide operational and safety information, as well as associated rules and regulations, pertaining to boating on State waterways. Boat Safety courses offered by the U.S. Coast Guard Auxiliary, U.S. Power Squadron, and NY Parks and Recreation are New York State approved.

Additional College Guidelines:

1. Prior to departure, the boat operator is responsible for filing a "Float plan" at the BioStation Office indicating boat description or registration #; names of occupants; destination; departure time; planned return time.
2. Operators and passengers are REQUIRED to have personal flotation devices (life jackets) at all times when on the water.
3. All canoes must be returned to the station and signed in by sunset (~8:00 pm)
4. Any problems or questions will be referred to the station pilots or director. If something breaks, is lost, or not working properly please notify the station pilots.

I acknowledge that I have read and understand the policy stated above on boat use on Cranberry Lake and SUNY ESF's Boat Use policy <http://www.esf.edu/au/documents/boat%20use%20policy.pdf>.

Name (Print) _____

Signature _____ Date _____

(Witness must be faculty or staff) Name (Print) _____

Witness Signature _____ Date _____

Excerpt from: **Policy Governing Use of Alcohol and Other Drugs**
SUNY College of Environmental Science and Forestry

- I. The College of Environmental Science and Forestry (ESF) is committed to providing a safe and healthy environment for all members of our community. This policy is intended to articulate, affirm, and maintain community-wide norms that support abstinence and encourage low-risk choices regarding alcohol and other drugs; choices that will not compromise positive living, learning, and/or working experiences for each member of our community. This policy provides a framework for the College's approach to prevention and intervention, and defines acceptable and unacceptable behaviors with regard to alcohol and other drugs.
- II. Values Regarding Substances and Education: Taking into account the public health and safety concerns expressed above, ESF supports the following values with regard to substances and education:
- a. *Alcohol*: Abstinence is supported as a primary option. Consuming alcoholic beverages legally and in moderation is acceptable. Drinking alcohol excessively is not. Unlawful behaviors involving alcohol are prohibited. Disruptive behavior that creates potential for harm or infringes on the rights of others is prohibited.
 - b. *Illegal and Other Drugs*: There is zero-tolerance for the possession and use of illegal drugs. This zero-tolerance also applies to improperly using prescription medications, controlled substances, or other legal drugs. Possessing drug paraphernalia is prohibited.
- III. Designated Locations

Cranberry Lake Biological Station: Consumption of alcohol is not permitted in bunk houses or public areas (e.g.: in the quad, at the fire pit south of Sucker Brook bridge). College-sponsored activities approved by the Vice President for Administration may involve alcohol¹. The Vice President for Administration, in consultation with the Property/Program Director, will approve functions and locations on a case-by-case basis.

¹College-sponsored activities approved by the Vice President for Administration may involve alcohol if alcohol service and distribution follow all guidelines outlined in the SUNY-ESF Policy Governing the Use and Distribution of Alcoholic Beverages on Campus, on ESF-Owned and/or Associated Properties, and in ESF-Designated Housing Facilities (Policy Governing the Use and Distribution of Alcoholic Beverages).

I acknowledge that I have read and understand the Policy Governing the Use of Alcohol and Other Drugs.

Name (Print) _____

Signature _____ Date _____

(Witness must be faculty or staff) Name (Print) _____

Witness Signature _____ Date _____

Assumption of Risk Acknowledgement

I acknowledge that I have been informed that there are no medical services, emergency or otherwise at the College of Environmental Science and Forestry's Cranberry Lake Biological Station (CLBS) facility, and that transportation to a hospital is likely to take at least 45 minutes. I realize that in the event of illness or injury, medical treatment or injury, this situation could compromise my recovery or prolong any suffering I may experience at the time. I understand that it is my responsibility to bring to CLBS any medical equipment and medications I may need during my time there, including (but not limited to) Epinephrine Auto-Injectors (EpiPens), rescue inhalers, and diabetes medications.

By signing this form, I have given due consideration to these circumstances, the activities in which I will be engaged, and my overall health, and I have been provided with an opportunity to have any questions I may have, answered to my satisfaction. I do hereby voluntarily assume the risks inherent and accept full responsibility for this decision.

Name (Print) _____

Signature _____ Date _____

(Witness must be faculty or staff) Name (Print) _____

Witness Signature _____ Date _____

There are limits to the number of courses/credit hours taken as a visiting student that may be applied to a degree program. If you anticipate applying coursework to an ESF undergraduate or graduate degree, you should discuss course selections and intentions with Dr. Charles Spuches, Dean, Open Academy at cspuches@esf.edu or 315-470-6810.

Syracuse University students (including University College students): Only Summer semester SU students (both matriculated and visiting) and academic year visiting students should use this form. **Fall and Spring semester matriculated SU students must register for ESF courses through SU.**

Date: _____

Year _____	Semester (please circle) ²	Fall Spring Summer	If Summer, please circle all that apply:	Maymester Session 2	Session 1 Combined Session	Cranberry Lake Uniquely Scheduled
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1. Name _____ Social Security No.³ _____
Last/Family Name First/Given Name Middle Initial

2. Do you have a former last name? Yes / No If yes, please state _____

3. Birth Date _____ 4. Gender Male / Female 5. Are you a UUP member? Yes / No

6. Are you employed full time? Yes / No If yes, company name _____

7. Country of citizenship _____ If outside of the US, what type of visa do you have? _____

8. If you are registering for one or more online classes, in which U.S. state(s) will you be located while you take the class(es)? _____

9. Legal resident of NYS for the past year? Yes / No If no, what is your state or country of permanent residence? _____

10. Mailing address _____ City _____ State _____ County _____
 Zip _____ Phone _____ Email address (REQUIRED) _____

11. Emergency contact _____ Relationship _____ Phone _____

12. Have you attended ESF previously? Yes / No If yes, when (years)? _____ If yes, what is your SUID (if available)? _____
 If no, name last college/university attended _____ When? _____

13. Are you currently matriculated (enrolled) at a college/university other than ESF? Yes / No
 If yes, specify college/university _____ Degree sought _____ Major _____

14. Do you hold a degree from any college/university? Yes / No
 If yes, specify college/university of highest degree _____ Degree _____ Major _____

15. Are you registered for - or do you intend to register for Summer Session classes at another SUNY institution? Yes / No

16. How did you learn about ESF courses (please circle)? OpenSUNY ESF Summer Schedule My Advisor Other (explain) _____

17. Please indicate your race (select one or more): Asian/Pacific Islander Black Native American White Are you Hispanic/Latino? Yes / No

18. Have you ever been dismissed and/or suspended from a college or university for disciplinary reasons?⁴ Yes / No

(Even if you have never attended a college or university, a response is required. If the answer to 18 is "yes", please attach a letter of explanation.)

Course No. ⁵ <small>(e.g., EFB 200)</small>	Session	Credit Hours ⁷	Course Name	Instructor	Credit Option ⁸

By signing below, I certify that all information provided is correct and complete. I understand that any misrepresentation may result in academic dismissal. I further understand that non-degree status does not constitute admission to a degree program. I have read the [Visiting Student Guide](#) and agree to ESF's registration, financial and *Code of Student Conduct* (www.esf.edu/students/handbook.pdf) requirements, and understand it is my responsibility to pay close attention to financial deadlines. I affirm that I meet prerequisite requirements and/or have obtained permission of the instructor.

Signature:⁹ _____



INSTRUCTIONS

1. Use this form if you are not matriculated or enrolled in a degree-earning program at SUNY-ESF. You can be a matriculated or visiting student at another college. For further information, please consult the [Visiting Student Guide to ESF Courses](#) (see the link at www.esf.edu/visiting). If you are an ESF matriculated student, you must register through the Registrar's office.
2. Circle the semester for which you are registering. If you are registering for Summer, please also circle the relevant session(s), to the right.
3. If you are a Special (Senior) Audit Student, we do not require your SS#. For all other students: do not enter your SS# if you will be emailing your form to ESF. Instead, please call 315-470-4898 and give your SS# to Barbara Newman. If you fax this form or will be using USPS, please enter your SS# here. Your SS# is a unique identifier for the college and most educational records, including your official transcript from ESF, which you may request for credit transfer to the institution of your choice. If you are a foreign student and do not have a SS# our Registrar will develop a unique identifying number for you.
4. You must answer this question truthfully. Answering "yes" will not preclude you from registering as a Visiting Student, but your registration will be reviewed by a University Standing Committee.
5. Please enter the Course Number or identifier for the course in which you wish to enroll. A Course Number includes the three-letter course prefix and the three-digit number specifying the particular course (ex. EFB 200 is course number 200 in the Environmental and Forest Biology (EFB) department). These numbers can be found in the ESF Academic Catalog and the schedule for each semester. If a course lists two course numbers, the first one listed is the designation for an undergraduate level and the second is for graduate level. Courses numbered 100-400 are considered undergraduate level and those numbered 500-900 are graduate level. Please enter one course number per course.
6. Please enter the 2-digit Section number (e.g. Section 01) that specifies the particular time, instructor, or form of the course in which you plan to enroll. This is particularly important when several versions of a course are offered in the same semester. The sections available can be found in the ESF course schedule for each semester. Section numbers are located with each course description. If two section numbers are listed together, please enter the first section number for the undergraduate level course or the second for the graduate level course.
7. **Each CLBS course is 3 credit hours.**
8. Courses may be taken for credit, as an audit, or a special audit. Please select the option for grading that best suits your needs.
 - Credit: (Grade A-F) If you are taking the course for full college credit and wish to receive a letter grade, select this option.
 - Audit: (Grade S or U) Audits are available only in the Fall and Spring semesters. Summer term audits are not available. Students choosing to audit a course will receive a grade of Satisfactory or Unsatisfactory. These are not factored into a student's GPA and often do not meet core degree requirements.
 - Special Audit: (No grade) Special Audits are available to NY State residents over 60 years of age to register for classes at SUNY colleges for no fee on an audit-only basis. Not available during Summer Semester.Please refer to the Visiting Student Guide for other restrictions and information.
9. Please sign your name in the space provided. By signing your name you certify that
 - all information provided is correct and complete
 - you understand that any misrepresentation may result in academic dismissal
 - you understand that non-degree status does not constitute admission to a degree program
 - you have read the Visiting Student Guide, and Code of Student conduct,
 - it is your responsibility to pay attention to financial deadlines, and
 - you meet any prerequisite or other requirements for courses in which you enroll

See the [Visiting Student Guide](#), available at www.esf.edu/visiting for further information