



Student Support Services Program Application

Date: _____

Name: _____ Soc. Sec. #: _____
(Last) (First) (Middle)

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone : _____

Permanent Address: _____ E-mail: _____

CHECK ALL THAT APPLY:

ELIGIBILITY¹

- Neither parent has a 4-yr. College degree
- Financial aid/scholarship
- Veteran
- Disabled

ETHNIC BACKGROUND

- African-American
- American Indian
- Asian
- Chicano
- Other
- Latino
- Pacific Islander
- White

CLASS LEVEL

Freshman: Sophomore: Junior: Senior:

Last school attended (for transfer students only) _____

PARTICIPATION IN THE FOLLOWING

- Upward Bound (Campus) _____
- Community College EOPS
- SDP (Student Diversity Program)
- Athletics
- Educational Talent Search (Campus) _____
- CSUF EOP (Educational Opportunity Program)
- CASECS (Center for Ac. Support in Eng. & Comp. Sci.)
- Other: _____

Enrollment status: part-time full-time

Are you currently in good academic standing at CSUF yes no GPA _____

Services of interest:

- ACADEMIC ADVISEMENT
- STUDY GROUPS
- CURRICULUM PLANNING/GRADUATION PLAN
- CARRER PLANNING (choosing major, job search, internships)

¹ Please Note: Please provide us with signed income verification with this application (1040, SSS, etc.)