



**INTAKE APPLICATION
STUDENT SUPPORT SERVICES PROGRAM
California State University Fullerton**

Today's Date _____

Office Use Only

AC _____ DN _____ KOF _____

COUN _____

COHORT _____

APPROVED _____

PERSONAL INFORMATION

Name (first, middle, last): _____

Social Security Number: _____ Date of Birth: _____

Campus Wide ID: _____

Permanent Address: _____
Street or PO Box City State Zip

Permanent Phone: _____ Cell Phone: _____

Local Address: _____
Street or PO Box City State Zip

Local Phone: _____ E-Mail: _____

<p>Are you Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race: check the box if you identify with any race below</p> <p><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander</p>	<p>Marital Status:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Separated / Divorced <input type="checkbox"/> Widowed</p> <p>Are you over 24 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have any dependents? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Are you a US Citizen <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
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Are you a veteran: Yes No Active? Yes No Branch: _____

ELIGIBILITY

Have you applied for FAFSA? Yes No
(Free Application for Federal Student Aid)

<p>Are you low-income? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p><i>**To complete this application a signed copy of your parents (or yours if over 24 years old or married) 1040 tax forms must be returned along with this application</i></p>	<p><i>OFFICE USE ONLY</i></p> <p>Verified LI <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Verified: _____</p> <p>By: _____</p>
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<p>Do you have a documented physical, mental or learning disability? <small>(You will be required to have documentation on file at the CSUF Disabled Student Services and attach a copy to this application)</small></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>OFFICE USE ONLY</i></p> <p>Registered at DSS <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Verified: _____</p> <p>By: _____</p>
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Are you a first generation college student? (Neither parent received a 4 year Bachelor's degree from a university before you were 18 years old) Yes No

What educational level did your parents attain? (check all that apply)

High School Diploma / GED Associate Degree (2 year) Bachelor's Degree (4 year)
 Beyond Bachelor's Degree Other

EDUCATION INFORMATION		
Have you received your: <input type="checkbox"/> High School Diploma Date Graduated: _____ <input type="checkbox"/> GED (General Educational Development) Date Completed: _____		
Have you participated in any of the following TRiO programs: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Talent Search <input type="checkbox"/> Upward Bound <input type="checkbox"/> Student Support Services <input type="checkbox"/> Educational Opportunity Center <input type="checkbox"/> Ronald E. McNair Program What Affiliated College or Center? _____		
Have you participated in any of the following CSUF programs: (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> CSUF EOP Educational Opportunity Program <input type="checkbox"/> CASECS Center for Academic Support in Engineering and Computer Science		
Have you previously attended college: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which institution: _____ Last semester attended: _____		
Current Grade Point Average: _____		
Class Standing: (check all that apply) <input type="checkbox"/> College Freshman (below 30 units) <input type="checkbox"/> College Sophomore (30 units or more) <input type="checkbox"/> College Junior (60 units or more) <input type="checkbox"/> College Senior (90 units or more)	This semester I am enrolled: <input type="checkbox"/> Full Time (12 or more credit hours) <input type="checkbox"/> Quarter Time (9-11 credit hours) <input type="checkbox"/> Part Time (less than 9 credit hours)	
Graduate School Plans <input type="checkbox"/> No interest in graduate school <input type="checkbox"/> Undecided about graduate school <input type="checkbox"/> Will likely apply for graduate school <input type="checkbox"/> Definite plans to attend graduate school	Career Goal - My career plans are: <input type="checkbox"/> Undecided <input type="checkbox"/> Decided Please specify: _____	
SELF ASSESSMENT		
Check <u>all areas</u> in which <input type="checkbox"/> you feel SSS staff may be able to assist you in the future.		
<input type="checkbox"/> Class Registration Services and Academic Advising – Receive assistance in choosing classes for future semesters so that you stay on track to graduate. <input type="checkbox"/> Scholarship and Financial Aid Information – Learn about scholarship and financial aid opportunities and deadlines. <input type="checkbox"/> Workshops – One hour session that focuses on a variety of topics including. <input type="checkbox"/> Time Management Workshop – Learn how to balance the time you have between college, work and home. <input type="checkbox"/> Test Taking Skills Workshop – Learn techniques to use before, during, and after a test to improve your test scores. <input type="checkbox"/> Learning Styles and Study Skills Workshop – Understand how you learn and how to study more effectively. <input type="checkbox"/> Note Taking Skills Workshop – Learn how to take better notes in class. <input type="checkbox"/> Tutoring – Receive referral for available on campus tutoring or directly from SSS if available. <input type="checkbox"/> Career Counseling – Receive support in determining the best college major and career path <input type="checkbox"/> Graduate School Advising – Receive assistance in applying to a graduate program to continue your education after earning your bachelor's degree.		
<i>OFFICE USE ONLY</i>	<i>OFFICE USE ONLY</i>	<i>OFFICE USE ONLY</i>
ACADEMIC NEED: _____	Notes:	
<input type="checkbox"/> 1 low high school grades <input type="checkbox"/> 2 low admission test scores <input type="checkbox"/> 6 low ELM/EPT scores <input type="checkbox"/> 7 low grades	<input type="checkbox"/> 9 failing grades <input type="checkbox"/> 8 high school equivalency <input type="checkbox"/> 10 out of school > 5 years	<input type="checkbox"/> 12 limited English proficiency <input type="checkbox"/> 13 unsure of educational/career goals <input type="checkbox"/> 14 not academically prepared <input type="checkbox"/> 15 need help to raise class grade

PARTICIPANT AGREEMENT

Student Support Services (SSS) is a Federally funded TRiO program designed to assist students who are low-income, first generation, and/or disabled AND who need academic support in order to achieve their educational goals. The goal of SSS is to assist students to ensure they persist and graduate from CSUF with their bachelor's degree. Because our purpose is to help those in the program achieve this goal AND because there are a limited number of openings in our program, we believe a relationship of mutual commitment is necessary.

Therefore, **WE COMMIT** to offer quality academic support services to ensure that you are guided through the best planned pathway that leads to graduation from CSUF in an effective manner.

In return for these services, **YOU COMMIT** to the following after you have been admitted to the program:

- Meet with your SSS counselor at least three times EACH SEMESTER from the date you are added to SSS UNTIL YOU GRADUATE from CSUF.
- Meet with your SSS counselor before dropping/adding classes or before withdrawing from CSUF
- Complete the FAFSA every year before March 2nd regardless of your current income.
- Attend two tutoring sessions or workshops offered at CSUF each semester
- Return any borrowed property of SSS (ie., laptop, calculator, etc.) by the agreed upon date

CONTRACTUAL AGREEMENT

I, agree to commit to the program stipulations listed in the above Participant Agreement. I realize that if I actively ignore my SSS Counselor's suggestions, or if I do not fulfill my commitments, I may have a registration hold placed on my student center until I fulfill my commitment. I also understand that the SSS program may remove me as an active program participant if I do not comply with this commitment or stop enrollment at CSUF at any time.

As a participant in Student Support Services, I authorize the SSS staff to keep a file containing certification of my program eligibility, this agreement, record of service usage, tutoring records, financial aid records, photo (including SSS publications & promotions), academic transcripts, and any other documents which might assist the SSS staff in advising me. I also give my permission to the SSS staff to share and receive information with faculty and staff at CSUF to assist in appropriately advising me. I certify that the information I have supplied on this form is true and accurate, to the best of my knowledge.

Student Signature

Date

SSS Counselor

Please return this application to Student Support Services in University Hall-179 along with your income verification. This verification should be the most recent completed and signed 1040 tax forms or call 657-278-5210 for other accepted forms of verification.