

New Student Intake Form

Academic & Counseling Services • TRiO Student Support Services



This form must be completed by students who qualify for assistance from Academic & Counseling Services. Academic & Counseling Services is a federally funded program, which provides free services (tutoring, career counseling, cultural enrichment, college adjustment, etc.) to eligible students.

I. Personal Data

Name (Last, First, MI): _____ Home Tel: _____

D.O.B.: _____ SS#: _____ Work Tel: _____

Address: _____ City: _____

State: _____ Zip: _____ e-mail: _____

Gender: Male Female

US Citizen: Yes No

Veteran: Yes No

Marital Status: Single Married Divorced Widowed

Ethnic Groups:

- White Hispanic or Latino
- Black or African American American Indian/Alaskan Native
- Native Hawaiian/other Pacific Island More than one race reported
- Asian Other

II. Educational Information

Career Goal: _____

Educational Objective: Associate's Degree Bachelor's Degree Transfer Undecided

Major: _____

Projected Graduation/Transfer Date: _____

III. Employment Information

If employed, how many hours do you work in a typical week? _____

Name of your employer, if you are employed: _____

IV. Personal Information

Do you have any of the following impairments, disabilities, or other conditions which may require services or accommodations in order for you to be successful? (Select ALL that apply to you):

- None Learning Disability (e.g., dyslexia, Aphasia) Blind Deaf Speech Impaired
- Orthopedically Impaired Visually Impaired
- Other _____

Is English your native language? Yes No

Do you have difficulty speaking or understanding English? Yes No

V. Financial Information

Are you a Pell recipient? Yes No

Do you receive any other grants/scholarships from UMFK? If so, please list.

VI. Parental Information

What is the highest level of education attained by your parent(s) or legal guardian?

Father:

- Not a high school graduate
- High school graduate
- Some College or Assoc. Degree
- Bachelor's Degree or above
- Unknown

Mother:

- Not a high school graduate
- High school graduate
- Some College or Assoc. Degree
- Bachelor's Degree or above
- Unknown

I certify that all of the above information is correct, and I give permission to release appropriate documentation(s) regarding my enrollment and/or disability status to the Student Support Services.

Student Signature

Date