

SSS Student Application

First Name: _____ M.I.: _____ Last Name: _____

UO ID#: _____ - _____ - _____ SSN: _____ - _____ - _____ Birth Date: ____/____/____

Sex: F M High-School Grad Year & Location: _____

Local Address:

(street)

(city) (state) (zip)

Permanent Address:

(street)

(city) (state) (zip)

Local Phone: _____

Permanent Phone: _____

Email: _____

Alternative Email: _____

Reliable contact (Person likely to know how to reach me when I leave UO):

Name: _____

Relationship: _____

Phone: _____

Email: _____

Address: _____
(street) (city) (state) (zip)

Check all that apply or have applied:

- USP participant
- Veteran
- Military Reserves
- GED graduate
- OMAS participant
- Student athlete
- Financial-Aid recipient
- Parent: ages of children _____
 - Childcare needed during school year
- Transfer student: # of transfer credits: _____
School: _____
- AA Awarded: Y N
- Oregon C.C. Block Transfer: Y N
- NONE OF THE ABOVE

Check those that apply:

- American Indian or Alaskan Native
tribal affiliation (optional): _____
- Asian
- Black or African American
- Caucasian
- Hispanic or Latino
- Native Hawaiian or Pacific Islander
- I prefer not to answer

Check one:

- U.S. Citizen
- Permanent Resident - number: _____
Staff Signature: _____
- Other: _____

Are you currently working? No Yes: # of hrs? _____

Work Study? No Yes

Year in School: Freshman Sophomore Junior Senior

Cumm. UO GPA: _____

I do not have a graduation plan. Academic advisor's name, if known: _____

Expected Graduation Date (term and year): _____

Expected Degree, Major & Minor (ex. BS, Psychology & Sociology): _____

Please mark whether any of the following apply to you:

Do you have a documented disability? Yes No Learning Disability Physical Disability
Do you use accommodations from Disability Services? Yes No

Has it been five years or more since you last attended high school or college? Yes No

How did you learn about SSS? _____

Have you participated in other TRiO Programs? No___ Yes___ If so, when, where, and which program/s? _____

If applicable, please sign the following statement to confirm your status as a first-generation-student:

The definition of a "first-generation college student" reflects my background accurately: of the natural or adoptive parents with whom I resided before my 18th birthday, neither has received a bachelor's degree from college. Or, if my parents attended college outside of the USA and graduated, the degree earned is not considered by UO degree evaluators to be equivalent to a bachelor's degree.

By TRiO definitions, I am a first-generation college student.

Student Signature: _____

Staff Signature: _____ Date _____

We like to recognize student achievements (for example, on the SSS Honor Roll). Do you grant permission to use your name or picture in conjunction with TRiO activities or recognition? Please sign and indicate preference:

Permission to print name Permission to print photo Neither name nor photo!

Student Signature: _____

Date _____

Signature for TRiO Access and Services

I understand that SSS professional staff members have access to information relevant to my academic status: admissions data, registration information, transcripts and grades, financial-aid verification, disability documentation, data updates, and progress reports from professors and counselors. Prior to my admission into a TRiO Program, this information will be used to confirm my eligibility for SSS, and if I become a program participant, TRiO staff may use insights gained from these sources to help me meet personal and program goals.

I understand that space in TRiO programs is limited and that my continued eligibility for the full range of SSS resources depends on regular use. I agree to check in with SSS staff at least twice each term and to use the support I need to be successful. I am committed to earning a UO bachelor's degree and am comfortable with information sharing and consultation within the university to assist in meeting this goal.

Student Signature: _____

Date _____

Needs & Goals

Please identify your **ACADEMIC** needs:

- | | |
|--|--|
| <input type="checkbox"/> Math | <input type="checkbox"/> Study Skills |
| <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Note Taking |
| <input type="checkbox"/> Reading Skills | <input type="checkbox"/> Testing/Test Prep |
| <input type="checkbox"/> Writing Skills | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> English Proficiency | <input type="checkbox"/> Research Skills |
| <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Others _____ |

ADVISING:

- Academic Grad Plan
- Course Selection
- Major
- Internship
- BA/BS Decision
- General Ed. Req.

If there are **OTHER FACTORS** influencing your academic success, please indicate below:

Financial:

- Budget
- Scholarship or Grants
- FAFSA

Grad School:

- Applications
- Search Process

Personal Issues:

- Stress Management
- Substance Abuse
- Relationships

Other:

If you feel uncomfortable here, please check those areas that cause you discomfort:

- | | | | |
|--------------------------------------|---|---|---|
| <input type="checkbox"/> Classes | <input type="checkbox"/> Cultural Climate | <input type="checkbox"/> Racial Discrimination | <input type="checkbox"/> Age Discrimination |
| <input type="checkbox"/> University | <input type="checkbox"/> Living Situation | <input type="checkbox"/> Sexual/Gender Discrimination | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bureaucracy | | | |

Post Graduation Plans: _____

In the space below (or on the reverse side), **please tell us about your personal goals and career objectives, as well as the most likely complication that might delay your graduation.**