

STUDENT DATA FORM
OFFICE OF SPECIAL SERVICES

For Office Use Only
<input type="checkbox"/> LI & FG
<input type="checkbox"/> LI
<input type="checkbox"/> FG
<input type="checkbox"/> Dis
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Today's Date: _____

*** Required**

*1) Name _____
 Last _____ First _____ Middle _____

Univ I.D.# N _____

*2) Gender? Male Female Birth Date: _____

*3) Is this your first semester transferring from another college/university? Yes No

*4) Ethnicity - Hispanic/Latino: Yes No

*5) Race - Check at least one:

American Indian/Alaskan Native Asian Black or African-American White
 Native Hawaiian or Other Pacific Islander

*6) Are you a citizen of the USA? Yes No If No: Country of Citizenship _____
 Permanent Resident# _____

7) According to the last U.S. tax form filed, answer the following:
 The number of members in the household is: _____ and the amount of taxable income is: _____

8) Do you have any physical or learning disability? No Yes: If yes, explain: _____
 If 'Yes', have you registered with the Moses Center for Students with Disabilities? No Yes

You MUST answer either question A or question B (If you have any questions, please ask).

A. If your parents are not divorced or separated, check one:

Yes, at least one of my parents have a 4 year university degree
 No, neither of my parents has a 4 year university degree

OR

B. If your parents are divorced or separated, check:

The parent I am living with has a four year university degree

Yes No

AND

The parent I am NOT living with provides me with substantial and regular financial support

Yes No If Yes, does this parent have a 4 year degree? Yes No

The Office of Special Services is primarily funded by the U.S. Department of Education, which requests the collection of the above information for statistical purposes.

I understand that the Office of Special Services has my permission to verify the information provided above and will have access to my academic, admissions and financial aid information. *I further understand that when necessary, the Office of Special Services staff may share information regarding students performance, adjustment, etc. with other administrative and academic offices

Signature _____

Date _____

How did you find out about the Office of Special Services- TRIO Program? Check One:

1. E-mail
2. My Poly
3. Mailing
4. Flyer
5. Poly Student
6. Poly Staff
7. Other (please specify): _____