



## INTAKE FORM

The information on this form will assist your counselor in developing your program.

STUDENT INFORMATION		
Name:		
Address:		
City:	State:	Zip:
Phone:	E-mail:	
DEMOGRAPHIC INFORMATION		
Citizenship (check one)  <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Visa: Student, J or F <input type="checkbox"/> Immigrant/permanent resident <input type="checkbox"/> Refugee <input type="checkbox"/> Visa: other non immigrant	Ethnicity  <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Hispanic/Latino(a) <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Biracial/multiracial <input type="checkbox"/> Other	
ACADEMIC INFORMATION		
Major/Program:	University:	
Class Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Junior <input type="checkbox"/> Graduate <input type="checkbox"/> Sophomore <input type="checkbox"/> Senior <input type="checkbox"/> Non-degree	Status: <input type="checkbox"/> Full-time    Gender: <input type="checkbox"/> Male <input type="checkbox"/> Part-time <input type="checkbox"/> Female	
How many credits are you carrying this semester?		
Is English your native language?	If not, what is your native language?	
How did you find out about Center for Academic Success?		
<input type="checkbox"/> Instructor <input type="checkbox"/> Workshop <input type="checkbox"/> Flyer/ Sign in Hall <input type="checkbox"/> E-mail <input type="checkbox"/> Friend <input type="checkbox"/> Other _____		
How many hours do you study each week?		
If you are employed, how many hours do you work each week?		
Please check those items which you are concerned with or difficulties that you have now:		
<input type="checkbox"/> Studying "Smart" <input type="checkbox"/> Listening/ Notetaking <input type="checkbox"/> Writing / Organization <input type="checkbox"/> Oral Communication <input type="checkbox"/> Test Anxiety <input type="checkbox"/> Managing time/ Getting things done	<input type="checkbox"/> Preparing for tests <input type="checkbox"/> Taking tests <input type="checkbox"/> Writing grammar <input type="checkbox"/> Understanding what you read <input type="checkbox"/> Earning better grades <input type="checkbox"/> Other	

