Academic Advising Center
Confluence –Room 123
Campus Box 203
P.O. Box 173363
Denver, CO 80217
Fax: 303-556-3898
Phone: 303-556-2481
Email: ccdaac.mailbox@ccd.edu
Website: www.ccd.edu/academicadvising

COMMUNITY COLLEGE OF DENVER

Academic Advising Center
In-Take Form

Name: _____ _____ _____
First   M.I.   Last

S#: S_____   **Phone #:** _____

I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.

Student: _____ _____ _____
Print Name   Signature   Date

New Students to CCD ONLY:

Attended/Completed Online – New Student Orientation ☐ Yes ☐ No

Met Assessment Requirements (Accuplacer score or unofficial transcripts submitted to Testing Center) ☐ **Yes** ☐ **No**

All Students:

Are you aware of having any holds on your student record? ☐ **Yes** ☐ **No**

Do you have any challenges that will prevent or hinder your success in college? ☐ **Yes** ☐ **No**

At any point in your educational history, have you used accommodations to help you be successful? ☐ **Yes** ☐ **No**

Academic Majors/Career pathways that I am interested in/have thought about:

_____

_____

Reason for Visit:

☐ Upcoming Semester Planning/Advising   ☐ Academic Appeal Paperwork
                                           (Suspension, Extenuating Circumstances, Repeat Course Limits, Credit Completion)

☐ Add/Drop Classes   ☐ Early Alert Follow-Up Meeting

☐ Questions about Academic Degree   ☐ Financial Aid (SAP) Appeal Paperwork

☐ Emerging Scholars Program Meeting   ☐ Other: _____

*** ADVISOR Use Only** – During the advising session, the following was discussed/reviewed with the student:

☐ Assessment/Prior College Coursework Placement   ☐ Provided Steps to Register/DegreeWorks Handout

☐ Holds – Meaning/Resolution   ☐ Provided Schedule Building Handout

☐ CCD Coursework & Program/Transfer Completion Goals   ☐ Financial Literacy/Financial Aid Discussion

☐ Use and Review of Student Portal, including DegreeWorks   ☐ Provided Referral Info for Campus Resources (As needed)

☐ **Referred Student for Career Advising -** *(Circle One)* **CDC / EOC**

Recommended Courses: **Student Action Items:**

☐ **Fall**   ☐ **Summer**   ☐ **Spring** 20____ - 20 ____

CRN	Course Name
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Advisor: _____ _____ _____
Print Name   Signature   Date