Transfer Success Center Cherry Creek – Room 111 Campus Box 208 P.O. Box 173363 Denver, CO 80217

Fax: 303-352-3180 Phone: 303-556-2461 Email: <u>transfer@ccd.edu</u>





Transfer Success Center Program Intake

Name:								
First M.			1.1.	Last				
S# : S Pho			hone #:			·		
Email:					@:	student.cccs.edu		
Your official CCD email account is the only email CCD will accept for correspondence.								
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		
Today's Date:	Current Semester: ☐ Spring ☐ Summer ☐ Fall 20		Date of Birth:	Gender:	□ Female	Total College Level Credits Earned:		
Address:			City:	City: State:		Zip Code:		
U.S. Citizen International Student Who Referred You? Permanent Resident DACA Without Lawful Status						Degree/Major of Interest:		
Demographic and School Information								
Disability?	□ No	Are You Receiving? (Check All That Apply)	_	Are You Attending Classes? Full Time (12+ Credits)		What is your GPA?		
Ethnicity: Native American/Alaskan Black Caucasian Hispanic Asian/Pacific Islander		Grants/Pell Scholarships Work Study Loans VA Benefits Other:	□ 3/4 Time □ 1/2 Time (6 Cred You Have Earned: □ GED	□ 3/4 Time □ 1/2 Time (6 Credits or Less) You Have Earned: □ GED		List Any Other Colleges Attended:		
Are You A Single Parent? ☐ Yes ☐ No		Who is Your Advisor?	_ Expected CCD Grad	Expected CCD Graduation Date:				
			Expected Transfer	pected Transfer Date:				
Degree Plan: □ AA □ AS □ AGS □ Certificate □ AAS			4-Year College(s) of	4-Year College(s) of Interest:				
_	AGS L Certificate L AAS		_					

Transfer Success Center Program Intake

Attended Transfer Cossion #4	
Attended Transfer Session #1	□ Yes □ No
Attended Transfer Session #2	sfer Recruiter on CCD Yes No
Attended Transfer Session #3	
Attended Transfer Session #4	
Notes: Services Used/Events Attended:	