



Transfer Success Center Program Intake

Name: _____		
First	M.I.	Last
S#: S _____	Phone #: _____	
Email: _____ @student.cccs.edu		
Your official CCD email account is the only email CCD will accept for correspondence.		
<i>I affirm that I have read, understand, and agree to this form in its entirety and that the information supplied is true and complete.</i>		
Student: _____		
Print Name	Signature	Date

Today's Date:	Current Semester: <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall 20_____	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Total College Level Credits Earned:
Address:		City:	State:	Zip Code:
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> International Student <input type="checkbox"/> Permanent Resident <input type="checkbox"/> DACA <input type="checkbox"/> Without Lawful Status		Who Referred You?		Degree/Major of Interest:

Demographic and School Information			
Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe:	Are You Receiving? <i>(Check All That Apply)</i> <input type="checkbox"/> Grants/Pell <input type="checkbox"/> Scholarships <input type="checkbox"/> Work Study <input type="checkbox"/> Loans <input type="checkbox"/> VA Benefits <input type="checkbox"/> Other: _____	Are You Attending Classes? <input type="checkbox"/> Full Time (12+ Credits) <input type="checkbox"/> 3/4 Time <input type="checkbox"/> 1/2 Time (6 Credits or Less) You Have Earned: <input type="checkbox"/> GED <input type="checkbox"/> HS Diploma	What is your GPA? List Any Other Colleges Attended:
Ethnicity: <input type="checkbox"/> Native American/Alaskan <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander	Are You A Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Who is Your Advisor? _____ _____	Expected CCD Graduation Date: _____ Expected Transfer Date: _____ 4-Year College(s) of Interest: _____ _____
Degree Plan: <input type="checkbox"/> AA <input type="checkbox"/> AS <input type="checkbox"/> AGS <input type="checkbox"/> Certificate <input type="checkbox"/> AAS What Is Your Major/Emphasis? _____			

