

STUDENT SUPPORT SERVICES APPLICATION

Please Print. Application process will take approximately five business days.

Date: _____

PERSONAL DATA

First Name: _____ Middle Initial _____ Last Name: _____

Student ID # _____ Social Security No. _____ - _____ - _____ Date of Birth ____/____/____

Address: _____ City: _____ State _____ Zip _____

Phone #: _____ Cell Home Email Address: _____

In case of emergency, contact: _____ Phone: _____

Do you participate in Red Wolf Athletics? Yes No Sport: _____

Ethnicity: (Check all that apply)

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

Gender:

- Male
- Female

Marital Status:

- Single
- Married Maiden Name _____

Enrollment Status (per semester):

- Full-time student (12 + credit hours)
- ¾ time student (9-11 credit hours)
- ½ time student (6-8 credit hours)
- Less than ½ time student (1-5 credit hours)

When did/will you first enroll at IUE?

- Fall Spring Summer

Please indicate Year: _____

Class Standing:

- Freshman Soph. Jr. Sr.

What is the highest level of education COMPLETED by your natural or adoptive parent(s)?

| | High School | Associate's Degree | Bachelor's Degree | Beyond Bachelor's |
|--------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Are you a veteran of the Armed Forces? Yes No Branch: _____

Are you a 21st Century Scholar? Yes No

EDUCATIONAL DATA

High School: _____ Year Graduated/GED: _____

Are you a transfer student from any other college PRIOR to IU East? Yes No

| School Name/Location | Yr. Began | Yr. Ended | Degree Received? |
|----------------------|-----------|-----------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

MEDICAL DATA

Do you have a documented disability? Yes No Type: Physical Learning Emotional

If yes, please identify:

Are you a client of: Indiana Vocational Rehabilitation and/or VA Vocational Rehabilitation?

If yes: Counselor Name: _____ Location: _____

Do you have any other medical condition we should be aware of? Yes No

Please explain: _____

SERVICES REQUESTED

Tutoring Disability Advising Computer/Learning Lab Other _____

I agree to participate in the Student Support Services Program, and certify that that information provided by me is correct to the best of my knowledge.

I authorize Student Support Services staff to obtain academic records such as admissions information, financial aid, class schedule, and course grades from Indiana University/Purdue administration.

All services are contingent upon acceptance into the program and completion of the initial interview.

Signature of Student

Date of Signature

Student Support Services
Indiana University East
2325 Chester Blvd.
Richmond, IN 47374
(765)-973-8310

Indiana University East is an Equal Access/Equal Opportunity University.
This form is available in alternative format upon request.

For Office Use Only:
 Fall Spring Summer
Year _____