

Student Support Services
Screening Application

Date: _____ ID/SS#: _____ Semester: _____

Name: _____ Phone: _____

Address: _____
Street City State Zip

Are you currently receiving financial aid? Yes No
If not, have you applied for financial aid? Yes No
Has either parent graduated from 4-year college? Yes No
Will you be returning to SUSLA next semester? Yes No

Please check all services that you are interested in receiving by participating in this program.

- | | |
|---|---|
| <input type="checkbox"/> Academic Counseling | <input type="checkbox"/> Personal Counseling |
| <input type="checkbox"/> Career Planning | <input type="checkbox"/> Study Skills Workshops |
| <input type="checkbox"/> Academic Tutoring | <input type="checkbox"/> Survival Seminars (How To's) |
| <input type="checkbox"/> Supplemental Instruction | <input type="checkbox"/> Transfer/Graduation Assistance |
| <input type="checkbox"/> Social/Cultural Activities | <input type="checkbox"/> Technological Assistance |
| <input type="checkbox"/> Financial Literacy | |

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