

INITIAL INFORMATION FORM

(Please fill-out completely and as accurately as possible)

OFFICE ONLY	<input type="checkbox"/> SSS	<input type="checkbox"/> WaTEP
	<input type="checkbox"/> PLUS	<input type="checkbox"/> PLUS HD
	Staff:	

Name & Identification: (please print)				
Last:		First:		MI:
EWU ID#:				
Date of Birth:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Ethnicity:		<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian American	<input type="checkbox"/> Black/African American
		<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Chicano/Hispanic	<input type="checkbox"/> Pacific Islander
		<input type="checkbox"/> Multiracial	<input type="checkbox"/> Other:	
Contact Information:				
Email:		Alternate Email:		
Cell Phone:		Local/Home Phone:		
Local Mailing Address	Street Address:	City, State:	Zip Code:	
Permanent Mailing Address	Street Address:	City, State:	Zip Code:	
Preferred form of Contact: <input type="checkbox"/> Email <input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Other: _____				
Academic & Financial Information:				
Class Standing (Credits Earned):	Freshman: <input type="checkbox"/> 0-44credits	Sophomore: <input type="checkbox"/> 45-89credits	Junior: <input type="checkbox"/> 90-134 credits	Senior: <input type="checkbox"/> 135+ credits
Has either of your parents earned a Bachelor's Degree?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you currently receiving any Financial Aid?			<input type="checkbox"/> YES	<input type="checkbox"/> NO
Services Requested: (check all that apply)				
<input type="checkbox"/>	Academic Advising	<input type="checkbox"/> Tutoring (subject):		
<input type="checkbox"/>	Math Assistance	<input type="checkbox"/> Study Skills	<input type="checkbox"/> Other (explain):	
<input type="checkbox"/>	Reading/Writing Assistance	<input type="checkbox"/> Financial Counseling	<input type="checkbox"/> Career Counseling: (picking a major, graduate school, choosing a career)	

Are you a new Academic Support Center (ASC) participant? _____ Are you an EWU athlete? _____
 Have you ever participated in the following courses: MATH 199? _____ EDUC 150? _____
 How did you learn about the ASC? _____
 Do you have a physical and/or learning disability? _____
 If yes, are you registered with Disability Support Services (DSS)? _____
 Are you a U.S. citizen or legal resident? _____

In order to receive Academic Support Center (ASC) services, the federal government requires access to student records. I, therefore, authorize the ASC to access my student records at Eastern Washington University (EWU). This information will be held in the strictest confidence and will include but not be limited to:

- Transcripts and enrollment documents
- Financial Aid information on dependents, income level and grant type
- Records of scores of tests taken for assessment purposes at EWU

I, hereby, certify that to the best of my knowledge the statements I have made on this form are true and complete. I understand that failure to disclose complete and accurate information may result in the denial of acceptance into the EWU ASC programs. Additionally, as an ASC participant, I give permission to ASC staff to take and post photo(s) on ASC websites and brochures for promotions and advertisements.

Signature _____ Date _____

FOR OFFICE USE ONLY

EWU ID# _____ SS # (last 4 digits) _____

- 1: L+1st
 2: L (RPAAWRD, RNANA)
 3: 1st (SAAADMS)
 4: D (SAAADMS)
 5: L+D
 0: NOT ELIGIBLE

Assessed Need For Academic Support

ID	NEED	COMMENTS
1	High School GPA	
2	SAT Verbal	
3	SAT Math	
4	ACT	
5	Predictive Indicator	
6	Diagnostics Tests	
7	College GPA	
8	High School Equivalence	
9	Failing Grades	
10	Not in System >5 yrs	
11	Multiple	
12	Other	
13	Unknown/No Response	

Appointments:

15 minute: Staff Member _____ Time/Date: _____

1 hour: Staff Member _____ Time/Date: _____

Comments: