STUDENT SUPPORT SERVICES

STUDENT INTAKE INTERVIEW

STUDENT NAME: ________________________ DATE: ________________________

MOTIVATION
1. Why did you decide to come/return to college? ____________________________________
   __________________________________________________________________________

2. What do you consider important characteristics of a successful student? ________________
   __________________________________________________________________________

CAREER
1. Do you have a specific career goal? □ Yes □ No
   If “Yes,” what is it? ______________________________________________________________________
   If “No,” what careers have you considered? ______________________________________________________________________

ACADEMIC
1. How would you summarize your academic strengths? ________________________________
   __________________________________________________________________________

2. What NIC classes do you anticipate being a challenge for you? _______________________
   __________________________________________________________________________

3. Can you think of anything that might keep you from completing your college education? __________
   __________________________________________________________________________

4. Have you passed or are you currently enrolled in College Transitions (CSC-100)? □ Yes □ No
   If “No,” would you be interested in taking College Transitions? □ Yes □ No

5. Have you passed or are you currently enrolled in a study skills class? □ Yes □ No
   If “No,” would you be interested in taking one? □ Yes □ No

COMPUTER ACCESSIBILITY/ LEVEL OF ABILITY
1. Do you own a computer? □ Yes □ No

2. Do you have Internet access at home? □ Yes □ No

3. Are you confident in using the Internet? □ Yes □ No □ Somewhat

4. Are you confident in your word processing skills? □ Yes □ No □ Somewhat
PERSONAL RESPONSIBILITIES

1. Are you currently working or will you be working while you are a student? □ Yes □ No
   If “Yes,” how many hours will you work per week? □ 0-10 □ 11-19 □ 20-29 □ 30-40 □ 40+
   Place of employment: ______________________________________________________________

   Approximately how many hours a week do you spend on outside activities? ______________
   □ Recreation: ___________________________ □ Sports: _________________________________
   □ Community Service: ____________________ □ Family_______________________________
   □ Other: ________________________________

2. How does your family/support system feel about you attending college? ________________

REASON FOR APPLYING

Tell us what you know about TRIO and what makes you a good fit for the program.

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