

# Student Intake Form

## Student Contact and Information

Student's Full Name

Date of Birth

Parent 1

Parent 2

Student's Cell Phone

Home Phone

Alternative Phone

Alternative Phone

Is your voicemail setup?

Yes  
No

May we leave messages at this number?

Yes  
No

Address

City, State, Zip

Fresno State Email:

@mail.fresnostate.edu

Alternative Email:

(\*Not high school email)

## Projected Major and Career Option

Major:

Second Major/Minor

How confident are you about pursuing this major?

Least 1 2 3 4 5 Most

(Please circle)

Possible Career/job option:

Possible Career/job option 2:

## Personal Information

Do you live within a 20 mile radius of Fresno State? (please circle) YES NO

Do you have reliable transportation to school? (please circle) YES NO

Indicate how:


Do you plan to work while attending Fresno State? (please circle) YES NO

Are you currently working? (please circle) YES NO

Do you have family/friends that currently attend Fresno State? (please circle) YES NO If so who?

What assistance or support would you like to receive from the Fresno State CAMP program?

## STUDENT INTAKE FORM

Continue 

***\*Please complete each item below as completely as you can so that we can better serve you. All written information will be placed under confidentiality in our student records. If there are any questions you may have please don't hesitate to ask. Check all that may be a barrier to your academic success during your first year in college:***

- |   |  |  |
|---|--|--|
| <input type="radio"/> Academic work         | <input type="radio"/> Concentration                | <input type="radio"/> Finances                   |
| <input type="radio"/> Adjustment to college | <input type="radio"/> Death of significant person  | <input type="radio"/> Grades                     |
| <input type="radio"/> Career decisions      | <input type="radio"/> Depression                   | <input type="radio"/> Homesickness               |
| <input type="radio"/> Unsure about goals    | <input type="radio"/> Difficulty                   | <input type="radio"/> Housing/Shelter            |
| <input type="radio"/> Child or Adult care   | <input type="radio"/> remembering/understanding    | <input type="radio"/> Lack of sufficient food    |
| <input type="radio"/> Classroom issues      | <input type="radio"/> material                     | <input type="radio"/> Lack of support            |
| <input type="radio"/> Conflict in Family    | <input type="radio"/> Difficulty focusing          | <input type="radio"/> Learning Disability        |
| <input type="radio"/> Time Management       | <input type="radio"/> English as a Second language | <input type="radio"/> Procrastination/motivation |
| <input type="radio"/> Transportation        | <input type="radio"/> Test Anxiety                 | <input type="radio"/> Resources on campus        |

What resources do you feel may be helpful to you?

(Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="radio"/> Advising              | <input type="radio"/> Cross Cultural and Gender          | <input type="radio"/> Academic Success Workshops |
| <input type="radio"/> Career Services       | <input type="radio"/> Center                             | <input type="radio"/> Tutoring                   |
| <input type="radio"/> Financial             | <input type="radio"/> On campus clubs/organization       | <input type="radio"/> Writing Center             |
| <input type="radio"/> Aid/Scholarships      | <input type="radio"/> Veterans                           | <input type="radio"/> Online resources           |
| <input type="radio"/> Health and Counseling | <input type="radio"/> Student Services with Disabilities | <input type="radio"/> Other: _____               |

***Thank for taking the time to fill out your intake form. We will assure that all information indicated on the form will be placed under our confidentiality and student records.***

Name (Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_