

**Office of Multicultural Student Affairs  
\*Intake & Sign-In Form\***

To better serve you, please complete form.

**CONFIDENTIAL**

**I. If you completed this form previously, please complete sections I and III only.**

Full Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student ID \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_  
 JJC E-mail Address \_\_\_\_\_ Alternate E-mail Address \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Gender \_\_\_\_ Male \_\_\_\_ Female Date of Birth \_\_\_\_\_

**II. Please answer the following questions:**

1. Is this your first visit to OMSA? \_\_\_\_ Yes \_\_\_\_ No
2. Year graduated from HS \_\_\_\_\_ GED \_\_\_\_\_
3. HS Name \_\_\_\_\_ HS Location \_\_\_\_\_
4. HS GPA \_\_\_\_\_/Scale \_\_\_\_\_ (ex. GPA 4.0/ Scale 5.0)
5. Ethnicity \_\_\_\_\_
6. Intended Major \_\_\_\_\_
7. Semester/Year you first enrolled in classes at JJC \_\_\_\_\_/\_\_\_\_\_
8. Has anyone in your immediate family graduated from college? \_\_\_\_ Yes \_\_\_\_ No
9. Are you the first person in your immediate family to attend college? \_\_\_\_ Yes \_\_\_\_ No
10. Have you been issued a social security number? \_\_\_\_ Yes \_\_\_\_ No
11. Have you completed the Federal Application for Student Aid (FAFSA) for this academic year? \_\_\_\_ Yes \_\_\_\_ No
12. Were you awarded federal financial aid for this year? \_\_\_\_ Yes \_\_\_\_ No
13. Are you an international student? \_\_\_\_ Yes \_\_\_\_ No

**III. Please tell us what brings you in today (check as many areas as appropriate):**

\_\_\_\_ Academic Support    \_\_\_\_ Scheduled Academic Progress Meeting    \_\_\_\_ Latinos Unidos  
 \_\_\_\_ Brother2Brother    \_\_\_\_ Interested in Community Service    \_\_\_\_ Peer Mentor Program  
 \_\_\_\_ Other    \_\_\_\_ Personal Issues    \_\_\_\_ Women's Programs  
 \_\_\_\_ Transfer Information (please list schools interested in, below)    \_\_\_\_ Financial Aid/Scholarship Information  
 \_\_\_\_ GLOW

Please provide details:

***I authorize OMSA to provide information to other offices/agencies, as needed, for resolution of this issue:***

Signature \_\_\_\_\_

Date \_\_\_\_\_

**For Office Use Only**

Staff Member Name \_\_\_\_\_ Ext. \_\_\_\_\_

Action Taken \_\_\_\_\_

Referred To (if applicable): Name \_\_\_\_\_

Office \_\_\_\_\_ Phone # \_\_\_\_\_

*(Please use back of this form as needed.)*