



Student Support Services (SSS) APPLICATION FORM

Clarkson University

Name: _____ CU ID# _____
Last First Middle

Home Address: _____
Address City State Zip

Clarkson University Address: _____
CU Box Number (← if unknown leave blank →) Campus Address

Cell Phone: _____ CU E-mail: _____

Your current year at Clarkson University: Please check one TCS FR SO JR SR GRAD

US Citizen: Yes No Permanent Resident: Yes No Gender: Male Female

Birth Date: ____/____/____ Expected Graduation Year from CU: _____

Check below all that apply:

HEOP CSTEP ASPIRE LSAMP MCNAIR LISA Peer Educator Tutor
 Other _____

Ethnicity: Hispanic/Latino: Yes No

Race: Check all that apply

American Indian/Alaska Native Asian Black or African American White Native Hawaiian or Other Pacific Islander

Parent/Guardian Education Level: Check **highest** educational level of each parent (check only one).

Are you a first generation college student (you were raised in a household where neither parent had a 4 year college degree)? Yes No

Father: Grade School only: High School Diploma: College: 1 yr 2yrs 3yrs 4+yrs Bachelor's or above
Check only one box for education level

Mother: Grade School only: High School Diploma: College: 1 yr 2yrs 3yrs 4+yrs Bachelor's or above
Check only one box for education level

Currently Reside with: Mother Father Both Independent (file your own income tax)

Current Economic Status:

Are you receiving Federal Seo/Pell Grant(s) on your CU Financial Aid package? Yes or No or I don't know
Federal SEO Grant \$ _____ Federal Pell Grant \$ _____

Other:

At what Grade Level did you enter Clarkson University? TCS FR SO JR SR What year: _____

Are you a non-traditional student? Yes No (did you have a gap between high school and college)

Are you a transfer student? Yes No
What was the name and location of the college you transferred from? _____

What was your first date of enrollment at the above college? _____

Do you have a documented disability? Yes No Are you currently or plan on utilizing
CU's Office of Accommodative Services (OAS)

If you checked yes, please arrange to meet with the **Office of AccessABILITY Services** once you arrive on campus.

I certify that the above information is true and correct to the best of my knowledge. I authorize Student Support Services to request and share my information with regard to my academic, personal, and professional success and financial aid status. I understand that all information will be held in strict confidence by Student Support Services at Clarkson University, Potsdam, NY.

x _____
Student Signature Date

Please complete and return to Clarkson University Student Success Center, ssc@clarkson.edu
If you have questions please call 315-268-2209 * Fax 315-268-1377 * Box 5647 Potsdam, NY 13699