



OTC INTAKE FORM

PLEASE PRINT

(Some programs of study require a social security number in order to comply with admission's background check and drug testing requirements.)

Office Use Only Data Entry

- Toolbox _____
- Date
- Master Spreadsheet
- Other _____
- File

Office Use Only Referral Source

- Inst. Referral
- Foundation Seminar
- Scholarship Recipient
- MoSTEMWINS
- Other _____

Today's Date:	OTC Student ID Number:
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STUDENT INFORMATION

Last Name:	First:	Middle:	Birth Date: / /	Age:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Street Address:			City:	State, Zip Code:	
Contact Phone #:		Alternate Phone #:		Marital Status:	
OTC Email:		Alternate Email:			
Ethnicity (check all that apply): <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian/Pacific <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Other		Are you of Hispanic/Latino origin? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, but work authorized	Social Security #:	

MILITARY/DISABILITY/EMPLOYMENT/SCHOOL INFORMATION

DISABILITY INFORMATION		TAA / TRA INFORMATION	
Are you disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what percent?	Are you eligible for TAA/TRA benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT INFORMATION

Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , Who is your employer? _____
	What is your occupation? _____
If no , do you receive Unemployment Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are your current monthly gross earnings? _____

MILITARY INFORMATION

Have you completed your Selective Service Registration? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable Why? _____				
Are you a US Military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Military Service?	From (dates) / /	To (dates) / /	Are you a Spouse of a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No

SCHOOL INFORMATION

Are you currently attending college? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes , where?	Highest Education Level Completed?	
Semester: <input type="checkbox"/> FALL <input type="checkbox"/> SPRING <input type="checkbox"/> SUMMER Year: _____	Are you Full time or Part time? <input type="checkbox"/> Full Time (12 or more credit hours for fall/spring, 6 or more credit hours for summer) <input type="checkbox"/> Part Time (less than 12 for fall/spring, less than 6 for summer)	<input type="checkbox"/> Less than HS Diploma/ no GED <input type="checkbox"/> HS Diploma/GED <input type="checkbox"/> Some College, no Degree <input type="checkbox"/> Completed AA/AS degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Study above Bachelor's	
What is your major?		If UNDECIDED , what major(s) are you considering?	
What is your educational goal?			
<input type="checkbox"/> Non-credit certificate completion		<input type="checkbox"/> Credit 1 year certificate	
<input type="checkbox"/> Credit less than 1 year certificate		<input type="checkbox"/> Credit Associate Degree	

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OFFICE USE ONLY

Acceptance Date to MSW Program: / /		Student ID:		Declared Major:
Financial Aid Status:		Pell Grant Eligible <input type="checkbox"/> Yes <input type="checkbox"/> No		
Verify Status <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Non Credit Student		Credit Accepted for prior learning: <input type="checkbox"/> Yes <input type="checkbox"/> No Credits: _____		
WorkKeys Scores	Date Taken: / /			
Applied Math	Score: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
Reading for Information	Score: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
Locating Information	Score: <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7			
Cohort	Campus Code	Program Code	Term Code	Credit/Non Credit Code
Entering Student Status <input type="checkbox"/> New, first-time any college <input type="checkbox"/> Previously attended any college <input type="checkbox"/> Returning student from current college				

SEMESTER INFORMATION

Semester Start Date: / /	Semester Start Date: / /	Semester Start Date: / /	Semester Start Date: / /
Term Credit Hours Attempted:	Term Credit Hours Attempted:	Term Credit Hours Attempted:	Term Credit Hours Attempted:
Term GPA:	Term GPA:	Term GPA:	Term GPA:
Term Credit Hours Completed:	Term Credit Hours Completed:	Term Credit Hours Completed:	Term Credit Hours Completed:
Semester Start Date: / /	Semester Start Date: / /	Semester Start Date: / /	Semester Start Date: / /
Term Credit Hours Attempted:	Term Credit Hours Attempted:	Term Credit Hours Attempted:	Term Credit Hours Attempted:
Term GPA:	Term GPA:	Term GPA:	Term GPA:
Term Credit Hours Completed:	Term Credit Hours Completed:	Term Credit Hours Completed:	Term Credit Hours Completed:

EXIT INFORMATION

Completed Exit Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	Exit Date From MSW Program: / /	MSW Completed
Continuing Education and Work Placement information can be found on the Completion Career/Education Plan .		<input type="checkbox"/> A.A.S. Chem Lab Tech <input type="checkbox"/> Certificate of Achievement

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