

DEPENDENCY STATUS

Answer yes or no to the following statements to determine if you are an independent or dependent student.

- Yes No I am less than 18 years of age and have no parents or guardian.
- Yes No I will be at least 24 years old by December 31st of this year.
- Yes No I am married.
- Yes No I have children or other dependents (other than a spouse) who receive more than half their support from me.
- Yes No At some point after turning 13 years of age, I was an orphan, in foster care, or a ward of the court.
- Yes No Prior to reaching 18 years of age, I was an emancipated minor or had a court appointed guardian.
- Yes No I am serving on active duty (for other than training purposes) in the U.S. Armed Forces.
- Yes No I am a U.S. Armed Forces veteran who was on active duty and was released under a condition other than dishonorable.
- Yes No I am homeless (lack a fixed, regular, and adequate nighttime residence) or at risk of becoming homeless.

Independent or Dependent Student Determination

<input type="checkbox"/> I answered YES to one or more of the above statements. This means I am an INDEPENDENT STUDENT . I must answer the questions below about my income.	<input type="checkbox"/> I answered NO to all of the above statements. This means I am a DEPENDENT STUDENT . My parents/guardians must answer the questions below about their income.
<p>What is the total number of persons (including you) in your family? _____ Include yourself, spouse (if married), and any other individuals claimed on YOUR taxes.</p> <p>What was YOUR filing status and income last year? (Check one and provide requested income information)</p> <p><input type="checkbox"/> I FILED a Federal income tax return last year and my taxable income (not total income) was \$_____.</p> <p><input type="checkbox"/> I DID NOT FILE a Federal income tax return for the last calendar year, but my total income was \$_____.</p> <p><input type="checkbox"/> I HAD NO taxable income during the last calendar year.</p>	<p>What is the total number of persons (including you) in my parents/guardians family? _____ Include yourself, your parents/guardians, and any other individuals claimed on your parents/guardians taxes.</p> <p>What was your PARENTS/GUARDIANS filing status and income last year? (Check one and provide requested income information)</p> <p><input type="checkbox"/> MY PARENTS/GUARDIANS FILED a Federal income tax return last year and their taxable income (not total income) was \$_____.</p> <p><input type="checkbox"/> MY PARENTS/GUARDIANS DID NOT FILE a Federal income tax return for the last calendar year, but their total income was \$_____.</p> <p><input type="checkbox"/> MY PARENTS/GUARDIANS HAD NO taxable income during the last calendar year.</p>

Academic Needs Assessment

Major: _____ **Minor:** _____

What is your career goal?

How can we help you complete your degree? Check all that apply.

Academic Skills:

- | | |
|--|--|
| <input type="checkbox"/> Time Management | <input type="checkbox"/> Tutoring in _____ |
| <input type="checkbox"/> Test Taking Preparation | <input type="checkbox"/> Research Writing |
| <input type="checkbox"/> Reading Strategies | <input type="checkbox"/> Online Research Skills |
| <input type="checkbox"/> Taking Lecture Notes | <input type="checkbox"/> Using the Library Databases |
| <input type="checkbox"/> Giving Presentations | <input type="checkbox"/> Accessing WebPortal/Canvas |
| <input type="checkbox"/> Tutoring in Writing | <input type="checkbox"/> Communicating with Professors |
| <input type="checkbox"/> Tutoring in Math | <input type="checkbox"/> Other _____ |

Academic Advising:

- | | |
|--|--|
| <input type="checkbox"/> Reviewing Academic Accommodations | <input type="checkbox"/> Understanding Course Syllabi |
| <input type="checkbox"/> Choosing a Major | <input type="checkbox"/> Meeting University Requirements |
| <input type="checkbox"/> Reading a Degree Evaluation | <input type="checkbox"/> Graduate School Planning |
| <input type="checkbox"/> Selecting Courses | <input type="checkbox"/> Exploring Career Options |
| <input type="checkbox"/> Other _____ | |

Financial Literacy:

- | | |
|---|--|
| <input type="checkbox"/> Completing the FAFSA | <input type="checkbox"/> Creating a Sustainable budget |
| <input type="checkbox"/> Financial Aid Advising | <input type="checkbox"/> Identifying Budgeting Resources |
| <input type="checkbox"/> Other _____ | |

Student Engagement

- | | |
|--|--|
| <input type="checkbox"/> Joining Clubs/Orgs | <input type="checkbox"/> Using the Commuter Center |
| <input type="checkbox"/> Getting Involved with Major | <input type="checkbox"/> Participating in Aztec Nights |
| <input type="checkbox"/> Finding Friends | <input type="checkbox"/> Leadership Opportunities |
| <input type="checkbox"/> Other _____ | |

Tell us how the TRIO Student Support Services project can help you accomplish your academic goals:

Tell us which academic courses are more difficult for you:

Yes No I give you permission to talk and/or email my professors.

Yes No I give you permission to talk and/or email my parents.

Yes No Are you registered to vote?

The above information is true and accurate to the best of my knowledge. I understand that this information will be treated as confidential, but will be reported to the U.S. Department of Education as a condition of this federally funded program. Further, I understand that the Student Support Services Project for Students with Disabilities will review my transcript and financial aid information to verify eligibility, determine appropriate services, and track academic progress.

Student's Signature

Date

If you are a DEPENDENT student (refer to page 2) your parent/guardian must also sign this application.

Signature of Student's Parent/Guardian

Date

For Office Use Only

Yes No Student is registered with SASC. Disability Code: _____

Yes N/A For non U.S. citizens, the student is a Permanent Resident (verify via SIMS S18).

Low income: Year _____ Family Size _____ Income \$ _____ / \$ _____

Eligibility: Disabled Only Disabled and Low Income

Yes No Recommend Advisor's signature and date: _____

Yes No Recommend Director's signature and date: _____

Comments: _____

TRIO STUDENT PARTICIPATION AGREEMENT

The TRIO program provides comprehensive student support services designed to enhance academic success, persistence, retention, student satisfaction, and graduation from SDSU. The TRIO program has high expectations of its students; to ensure success you must work cooperatively with the TRIO team.

As a TRIO participant you must make a commitment to the responsibilities outlined below. Please read and initial by each statement.

_____ TRIO participants are responsible for understanding the SDSU catalog and their degree evaluation, which describes graduation requirements. If a TRIO participant does not understand their graduation requirements, they shall meet with the TRIO program advisor.

_____ TRIO participants are required to communicate with the TRIO program advisor **at least twice a semester** to discuss academic progress.

_____ TRIO participants on academic probation **must meet immediately** with the TRIO program advisor to develop an academic plan for getting off probation.

_____ TRIO participants agree to participate in **one or more** TRIO SSS program activities each semester. These activities may include academic advising, peer mentoring, academic workshops, and tutoring.

_____ TRIO transfer participants need to take the Writing Placement Assessment (WPA) during the first semester at SDSU to be eligible to register for the second semester. TRIO participants **must** attend the WPA preparatory workshop offered through the TRIO program.

_____ TRIO participants enrolled in a RWS class need to meet **at least twice** during the semester with a project tutor.

_____ TRIO participants utilizing tutoring shall come to the appointment with the prompt or description of the assignment and any related materials.

_____ TRIO participants new to the TRIO program **must** meet with a TRIO staff member to discuss options for financing college.

_____ TRIO participants who want help in applying for financial aid, researching scholarships, or creating a sustainable budget shall work with a TRIO staff member.

_____ TRIO participants should inform the TRIO program if they are participating in other SDSU support service programs.

I have read and understand this **TRIO Student Participation Agreement** and my signature indicates compliance with these conditions.

Student's
Signature: _____ Date: _____