

Semester: Fall 20 Spring 20 Summer 20

CSI ID#: _____ Birth Date: _____

Name: _____
last first middle

Social Sec Num: _____ Gender: Female Male

Mailing Address: _____
_____ city state zip code

Home Phone: _____ Citizen of: US Other _____

Work Phone: _____ Major Code: _____

Preferred Name: _____

Previous Last Name: _____

E-Mail Address: _____

It is OK to release my mailing address to the military or schools offering scholarships or other educational benefits to students. Yes No

- Marital Status:**
D Divorced S Single
M Married W Widow/Widower
- Current Education Level:**
0 Less than high school 4 High school graduate
1 Completing high school 5 Some college, no degree
2 Completing GED 6 Associate degree
3 GED graduate 7 Bachelor's degree or higher
- Ethnic Group:**
A Asian American N Non-Respondent
B Black/African American O Other
H Hispanic/Latino/Latina P Pacific Islander/Native Hawaiian
I American Indian/Alaskan Native W White/Caucasian
- Employment Status During this Semester:**
1 Employed less than 35 hrs/wk 4 Not employed, seeking work
2 Employed more than 35 hrs/wk 5 Not employed, not seeking work
3 Employed as a homemaker

- Educational Objective:**
1 Personal Enrichment 6 Earn a 2-yr degree (no transfer)
2 Get a job 7 Transfer to 4-yr school without CSI degree
3 Improve skills for current job 8 Transfer to 4-yr school with CSI degree
4 Get a different job 9 Other
5 Earn a 1-yr certificate
- Anticipated Time to Complete Educational Objective:**
1 Less than 1 semester 4 4 semesters
2 1 to 2 semesters 5 More than 4 semesters
3 3 semesters 6 Unknown
- Family Status of Student:**
1 Single parent with children or dependents 3 Without children or dependents
2 Couple with children or dependents 4 Other
- Number of children or dependents

| Aud. | Section # | Cr Hrs | Course Title | Bldg | Room | Days | | | | | | | Time | Instructor |
|--------------------------|------------------|--------|----------------------|-------|------|------|---|---|---|---|---|---|--------------|------------|
| | | | | | | M | T | W | R | F | S | U | | |
| <input type="checkbox"/> | Ex: Math 108 C01 | 3.0 | Intermediate Algebra | Shlds | 271 | X | | X | | X | | | 8am – 8:50am | S. Irons |
| <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | |
| <input type="checkbox"/> | | | | | | | | | | | | | | |

Advisor's Signature: _____ Student's Signature: _____ Date: _____

Advisor's Comments: _____

Note: The advisor's signature indicates that you have spoken with an advisor, but you are ultimately responsible for making decisions that lead to your academic success.