

Services Form

PARTICIPANT COMPLETE ONLY THE TOP FOUR SECTIONS:

STUDENT INFORMATION			
Today's Date		Time	
PRINT Name		Signature	

OFFICE USE ONLY PLEASE DO NOT WRITE BELOW THIS SECTION	ADVISOR'S NOTES
<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 5px;">Check ALL that apply</div> <div style="flex-grow: 1;"> <ul style="list-style-type: none"> <input type="checkbox"/> Participant Assessment: Check-in <input type="checkbox"/> High School Equivalency (HSE) Assistance. <ul style="list-style-type: none"> <input type="checkbox"/> HSE program referral <input type="checkbox"/> MEOC Tutoring for an academic program <input type="checkbox"/> Academic Advisement <input type="checkbox"/> HSE earned <input type="checkbox"/> College Application Assistance. <ul style="list-style-type: none"> <input type="checkbox"/> College Exploration/Preparation <input type="checkbox"/> CUNY or SUNY Apply <input type="checkbox"/> CUNY or SUNY Post-Apply <input type="checkbox"/> College essay review <input type="checkbox"/> Other <input type="checkbox"/> College application fee payment. <ul style="list-style-type: none"> <input type="checkbox"/> Information <input type="checkbox"/> Processing <input type="checkbox"/> Career Exploration Assistance. <ul style="list-style-type: none"> <input type="checkbox"/> Prior Learning Assessment referral <input type="checkbox"/> Career exploration <input type="checkbox"/> Other <input type="checkbox"/> Financial aid application Assistance. <ul style="list-style-type: none"> <input type="checkbox"/> Financial Aid FAFSA and/or TAP Completion <input type="checkbox"/> FAFSA or TAP Post-Completion Troubleshooting <input type="checkbox"/> Financial Aid Verification: Residency, Doc submissions, etc <input type="checkbox"/> Appeal <input type="checkbox"/> Loan assistance (Default avoidance and loan management) <input type="checkbox"/> College Access workshops. <input type="checkbox"/> Postsecondary Enrollment Assistance. <ul style="list-style-type: none"> <input type="checkbox"/> Class registration <input type="checkbox"/> Document submissions and Immunization Records <input type="checkbox"/> Other. <i>(Be Specific in notes)</i> </div> </div>	

OBJECTIVE COMPLETED: Proof needs to be attached	STAFF INFORMATION
<ul style="list-style-type: none"> <input type="checkbox"/> A1 GED Completion <input type="checkbox"/> B1 Financial Aid Completion <input type="checkbox"/> C1 College Application Completion <input type="checkbox"/> D1/D2 Postsecondary Enrollment Proof 	<ul style="list-style-type: none"> <input type="checkbox"/> Stacy Cummins <input type="checkbox"/> Patricia Escobar <input type="checkbox"/> Rashonda Moore <li style="padding-left: 40px;">Faizan Hussain <li style="text-align: right;">Staff Initials: _____ <input type="checkbox"/> Blumen Entered & <input type="checkbox"/> Banner Entered Staff Initials: _____