SAS Participant Application

Last Name Residence Hall Local Address if living OFF Campus: 			First Name Cell Phone		
					Permanent Address:
			 	ırrent Semester Classes	
		Are yo	u a transfer student?	s 🗖 No, if YES	
		Have y	ou purchased your books for Yes D No		
Ar			re you a member of an athletic team or traveling club?		
		In wha	what semester did you first enroll at		
Total Credits			Rocky		
M	ajor/Minor:	Acade	nic Advisor:		
 1. 2. 3. 		ollege student?	Yes D No	-	
4.	Are you a veteran? 🗖 Yes 🗖 No				
5. Do you have a disability (physical, learning or emotional)? 🗖 Yes 🗖 No					
	If yes, what is the nature	e of your disability			
6.	What is your current career interest?				
7.	What level of education do y	you plan on achieving	? Bachelor Das	ters Doctorate	
8.	What SAS services are of interest to you?				
	□ Academic Tutoring	□ Study Skills	Time Management	Financial	
	Personal Counseling	Scholarships	Career Exploration	Ethnic	
	Test Anxiety	□ Stress Manage	ment 🗖 Educational Goals		

SAS Agreement

As a SAS participant I agree to the following requirements:

- 1. Meet with my SAS Advisor ______during my first semester at RMC. Thereafter, I agree to meet with my SAS Advisor each semester and as needed during those semesters.
- 2. Attend at least one cultural event during each semester.
- 3. Request and receive tutoring if needed for successful completion of any or all classes.
- 4. Contact my SAS advisor immediately if I am having any problems.

SAS Participant

Date

SAS Advisor

Date