Academic Success Program (Student Support Services) Tennessee State University Holland Hall, Second Floor, Suite 231 Nashville, Tennessee 37209-1561

Academic Success Program is designed to assist college freshmen and sophomores with their adjustment from high school to college life. It funded by the U. S. Department of Education. The program's mission is to improve the retention and graduation rate of its participants.

I.	Personal Info	rmation				
Name				SS#		
	Last	First		MI		
Home/	Permanent Addr	ess:				
	Street		City/State		Zip Code	
Home	Phone: ()					
E-Mail	Address/MyTSU	:				
Other I	E-Mail Address:_					
Campu	us/Local Address	:Street/Residenc	e Hall/P. O. Box N	umber: City/St	ate Zip Code	
		Mo				
Birth Da	ate:	Race: Gende	r: Male()Femal	e () Veteran:	Yes () No ()	
Are you	ı a U.S. Citizen? Y	es No				
Health :	Status (check one)	: Good Fair P		lease explain:		
	Academic Info	mation				
Are you Number	currently enrolled at of credit hours earn	nigh school: Voc. Ed Tennessee State Unive ed lled in this semester Sophomore Jur	ersity? Yes No			
): ACT				
Does e	either parent have	e a four year college	degree? Yes	No		

Have you participated in any of the following TRIO programs?					
Upward Bound: Where?When?When?					
Student Support Services: Where?When?					
Veteran Upward Bound? Where?When? Other: Where?When?					
Other: where?where?					
. Confidential Income and Financial Aid Information					
Check One:I am legally dependent upon my incomeI am legally dependent upon my family's income.					
For the income status checked above, how many people are dependents for tax purposes?					
Indicate you/your parents'/annual "taxable income"? (after deductions):					
YoursYour parents'					
Are you currently receiving financial assistance? Yes No If yes please indicated below the type and amount.					
Federal Grant \$ Federal Stafford Loan \$ Federal Grant \$ Federal Work Study \$ Federal SEOG \$ Social Security \$ Federal Perkins \$ Scholarship \$ YA \$ Federal SEOG \$ Scholarship \$ Federal Perkins \$ Scholarship \$ Federal Work Study \$					
Are you currently employed? On campus (FWS) Off Campus (where)?					
How many hours do you work per week? Work Phone#					
IV. Request For Services (Indicate type(s) of assistance needed):					
Academic tutoring: Subject(s):					
Referred by:SelfFriend: (Name)					
InstructorAdvisorCounselor					
Other (explain):					
Academic Success Program staff has my permission to review my academic records, including but not limited to my semester grade reports.					
Applicant's SignatureDate					
Name and telephone number of a person to contact in case of an emergency:					
NamePhone()					