Student Membership Application
Year 2015-16

Please return application to:

By Mail:  Middle Tennessee State University
TRiO Student Support Services
P. O. Box 300
Murfreesboro, TN 37132

In Person/Contact Info:  308 KUC Building
Phone: (615) 898-5443
Fax: (615) 898-5250
Email: ssupport@mtsu.edu

Last Name ____________________________  First Name ______________________  MI ___

MTSU M#  M ___________  MTSU email __________@mtmail.mtsu.edu

MTSU PO Box, if applicable ____________

Current Address:  Street __________________________  City ________________
                  State: _____  Zip Code __________

Phone #’s:  Cell ________________  Home/Local ________________

Date of Birth: ________________  Gender:  □ Male  □ Female

Citizenship Status:  □ U.S. Citizen  OR  □ Permanent Resident, provide A# ________________

Ethnic Background  □ Black/African American  □ White  □ Hispanic/Latino
                  □ American Indian/Alaskan  □ Asian  □ Pacific Islander/Hawaiian Native

Does either of your parents/stepparents/guardian have a bachelor’s (4yr) degree?  □ Yes  □ No

Do you have a disability, either physical or learning, that is documented through the Office of
Disabled Student Services?  □ Yes  □ No

Have you completed the 2015-2016 FAFSA form?  □ Yes  □ No

Note: You must submit the FAFSA to be considered for the SSS program.

Do you plan to participate in NCAA athletics at MTSU?  □ Yes, sport: ________________  □ No

Do you plan to transfer to another institution before completing your bachelor’s degree?
□ Yes  □ No
Do you plan to work while in school? If yes, how many hours per week will you work during fall and/or spring terms? (circle) 0-10 11-15 16-25 26-35 36+

Classification: □ Freshman (0-29 hrs) □ Sophomore (30-59 hrs) □ Junior (60-89 hrs) □ Senior (90+ hrs), expected date of graduation, if known: 

Are you currently making D’s or F’s in any classes? □ Yes □ No

Do you plan to be enrolled as a full-time student (12 hours or more/semester)? □ Yes □ No

Major field of study _______________________________ Career goal __________________

Plans after graduation: □ Graduate school □ Professional school (medical field/law school) □ Full-time employment □ Other (explain) ________________________________

Services you think you might need from TRiO Student Support Services (SSS).
Check all areas that may apply.
□ Study Skills □ Tutoring □ Stress Management □ Test-taking Skills □ Time Management □ Financial Budgeting □ Academic Advising □ Mentoring □ Career Counseling □ Personal Support □ Interpersonal/Communication Skills □ Research Skills □ Other (explain) ________________________________

Have you previously participated in any of the following TRiO programs? □ Yes □ No
□ Upward Bound □ Educational Talent Search □ UB Math/Science □ SSS@

How did you learn about Student Support Services? □ Website □ Flyer/Poster □ Faculty/Staff/Administrator (Name) _______________________________ □ Other _______________________________

PLEASE READ:
I understand that completion of this form does not guarantee acceptance into the MTSU TRiO Student Support Services Program. Once accepted, participation in the SSS program is by choice. I understand to become an SSS member I must complete an SSS Orientation session and two SSS counselor meetings within the first six weeks of the semester to meet active status my initial semester. To maintain SSS membership, I must continue to meet active status each semester through counselor meetings and other participation in activities. Failure to follow program requirements or counselor recommendations may result in removal from the SSS program.

I hereby certify that the above information is true and correct to the best of my knowledge. I further authorize the TRiO Student Support Services program to receive copies of my entire academic and financial aid records, including transcripts, grade reports, financial aid eligibility, and other information pertaining to my acceptance to and enrollment in TRiO Student Support Services.

I understand that use of my social security number (SSN) is required in order for MTSU to file the TRiO Student Support Services Annual Performance Report to the U.S. Department of Education, as mandated by federal law. Further disclosure of your SSN is governed by the Tennessee Public Records Act and other applicable law.

You will be notified of your application status by mail (to address listed on application) and/or by MTSU email.

Student Signature _______________________________ Date __________

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

MTSU/TRGPA _______ Continuing Student? No ___ Yes ___ Current Hrs Ernd: _____ Prescribed Courses No ___ Yes ___
MAJOR Academic probation/suspension: _____ Financial Aid Probation: _____ Lottery status: __________________
Financial: Dependent or Independent Income eligible: Yes or No (see attached income sheet)
Best ACT Scores: MATH _____ ENGL _____ SCI _____ READ _____ COMP _____ HS GPA/GED Score __________________
Need/Notes: ________________________________

Director/Counselors Review Decision: Y (YES) N (NO) (M) Maybe (W) Waitlist D ___ C1 ___ C2 ___