

## College Transitions Program Student Information

Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
(see reverse for information on your social security # release)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ P.O.Box: \_\_\_\_\_ Apt. \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work/Other: \_\_\_\_\_  
(may we contact you at work? Yes \_\_\_ No \_\_\_)

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

**Education History:**

Last School Attended: \_\_\_\_\_  
 Last Grade Completed: \_\_\_\_\_  
 Last Year in Attendance: \_\_\_\_\_

**How did you learn about this program?**

Flyer  
 College  
 Counselor  
 Other \_\_\_\_\_

**Adult Education History:**

Currently Enrolled Program: \_\_\_\_\_  
 Earned GED Year: \_\_\_\_\_  
 Earned Diploma Year: \_\_\_\_\_  
 Earned Credits

Have you previously taken an Accuplacer placement test? Yes  No

Where? \_\_\_\_\_ When? \_\_\_\_\_

Have you previously enrolled in a college or university? Yes  No

Where? \_\_\_\_\_

Did either parent attend college? One  Both  Yes  No

Please indicate the college you would like to attend: \_\_\_\_\_

Please indicate your interest in a field of study or program: \_\_\_\_\_

( Following Information will be completed by program staff )

**ACCUPLACER SCORE RESULTS**

	Date:	Date:	Date:
	Pre Test	Post Test 1	Post Test 2
Reading Comprehension			
Sentence Skills			
Arithmetic			
Elementary Algebra			
College Level Mathematics			

**GED TEST SCORES:**

Test 1: \_\_\_\_\_  
 Test 2: \_\_\_\_\_  
 Test 3: \_\_\_\_\_  
 Test 4: \_\_\_\_\_  
 Test 5: \_\_\_\_\_

Average: \_\_\_\_\_

Date of Test: \_\_\_\_\_

Please read and sign the back of this form releasing your Social Security number for our record keeping.

**College Transitions Program  
Student Information  
Release of Social Security Number and Exchange of Information**

\_\_\_\_\_ is required by the Adult and Family Literacy Act, Title II of the Workforce Investment Act, and the State of Maine Department of Education College Transitions Program to report how many adult learners-

- Enroll in College Transitions Programs
- Apply to postsecondary institutions
- Enter postsecondary institutions
- Succeed at postsecondary institutions

This exchange of information is necessary to evaluate our activities and your success, and maintain State funding for these programs. The adult education program will send your social security number to the State Department of Education, the Community Colleges and the University of Maine System to follow your enrollment, transfer or graduation.

Because you have enrolled in the College Transition Program, we are asking you to sign this form which will give us permission to use your Social Security number to get this information.

**The information collected by this office, the State Department of Education and cooperating institutions will be used for reporting purposes only and will not be sold or used for any other reason.**

I give my permission to use my Social Security Number : \_\_\_\_\_  
[ Print Name]

\_\_\_\_\_  
Signature

I do not give my permission to use my Social Security Number : \_\_\_\_\_  
[ Print Name]

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

\_\_\_\_\_

## College Transitions Program Student Information

### Program Data Sheet

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Program Entry Date: \_\_\_\_\_

**Career Goals:**

<p>Student Academic Goal:</p> <p>1. Associate Degree _____</p> <p>2. Baccalaureate _____</p> <p>3. Certificate _____</p> <p>4. 2 + 2 _____</p>	<p>Student Needs: (see Accuplacer scores)</p> <p>1. Reading Comprehension _____</p> <p>2. Writing 1 _____</p> <p>3. Writing 2 _____</p> <p>4. Math Skills _____</p> <p>5. Algebra _____</p>
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**Activity:**

Course Name:	Start Date:	End Date:

**Placement:**

	Name:	Date:
<input checked="" type="checkbox"/> Community College		
<input type="checkbox"/> University of Maine System		
<input type="checkbox"/> Other		
<input type="checkbox"/> Military		
<input type="checkbox"/> Terminated, no enrollment		

By: \_\_\_\_\_

**Follow - up, Six Months**

	Name:	Date:
<input checked="" type="checkbox"/> Community College		
<input type="checkbox"/> University of Maine System		
<input type="checkbox"/> Other		
<input type="checkbox"/> Military		
<input type="checkbox"/> Terminated, no enrollment		

By: \_\_\_\_\_

**Follow - up, One Year**

	Name:	Date:
<input checked="" type="checkbox"/> Community College		
<input type="checkbox"/> University of Maine System		
<input type="checkbox"/> Other		
<input type="checkbox"/> Military		
<input type="checkbox"/> Terminated, no enrollment		

By: \_\_\_\_\_