

STUDENT SUPPORT SERVICES (TRIO)

Return to: Student Support Services

220 Norton Hall

Buffalo, New York 14260-1800

Ph: (716) 645-2732

Fax: (716) 645-5090

Name _____

First

Middle Initial

Last

Social Security # _____

UB Person # _____

Preferred E-mail: _____

Other E-mail: _____

Address:

Local _____

Permanent _____

Phone # _____

Phone # _____

Date of Birth _____

Gender (please circle one)

Male

Female

Eligibility Criteria: *Student Support Services is a Federally Funded TRIO Program sponsored by the U.S. Department of Education.* **Please include ALL appropriate documentation**

1. Citizenship Status:

Citizen _____

Permanent Resident _____

2. First Generation Verification: (defined as my parent(s) or guardian(s) have NOT earned a bachelor's degree)

Highest educational diploma/degree obtained by **Father/Guardian** _____

Highest educational diploma/degree obtained by **Mother/Guardian** _____

Have you previously earned a bachelor's degree?

Yes

No

3. Disability Status: *(Student must be registered with UB's Office of Disability Services.)*

Are you a Student with a documented disability that requires academic support? _____ YES _____ NO

4. Income Status: (Accepted documentations include: signed federal income tax forms [1040EZ, 1040A, 1040, etc.]; or a signed FAFSA; or documentation of income from another federal source. Independent students please provide your financial information, not parent/guardian.)

_____ I am an **Independent Student** (According to the federal financial aid guidelines)

_____ I am a **Dependent Student** (can be claimed for tax purposes by parent/guardian)

Please check the approximate range of your family **taxable income** level for the last calendar year.

___ Less than \$18,091

___ \$18,091-24,361

___ \$24,361-30,631

___ \$30,631-36,901

___ \$36,901-43,171

___ \$43,171-49,441

___ \$49,441-55,711

___ Over \$61,981

Circle the Total number of people in your household, including yourself:

1

2

3

4

5

6

7

8

9

more _____

STUDENTS RIGHTS AND RESPONSIBILITIES

I. As a student in the Student Support Services Program you have certain rights and responsibilities, among which are the rights to: Respect, Confidentiality, and Concern for Progress.

RESPECT: All staff members can be expected to respect you as an individual and convey this respect by providing prompt service, keeping appointments or contacting you if a change is necessary, giving you complete attention during sessions, avoiding interruptions during sessions and by providing you with quality support services.

CONFIDENTIALITY: Personal information shared by you during an advising session, or during any interaction with SSS staff, will be treated with confidentiality as far as we are able to and still provide needed holistic support. When, in the judgment of the advisor, disclosure to third parties is necessary to protect you or someone else from imminent physical harm that disclosure will certainly be made. As professionals, we confer with each other within CPMC and UB in order to improve our services to you.

CONCERN FOR PROGRESS: Staff members consider many issues while providing you with the most effective services possible; they concern themselves with how often you meet, how long you meet, your level of preparation, what you want to accomplish, and the progress you are making toward your goals. At times this concern may seem intrusive to you.

II. Along with your rights as a student, you also have certain responsibilities:

- ◆ You must be an enrolled student at the University at Buffalo.
- ◆ Your active participation in the tutorial and advisement process is necessary for progress to be made.
- ◆ Promptness in keeping appointments will allow you to take full advantage of your sessions.
- ◆ Make an attempt, prior to attending your session, to learn and answer material that may require tutorial assistance.
- ◆ Provide staff members with accurate information during advising and tutorial sessions.

III. If you have any questions regarding the above information, please discuss them with the Director of SSS.

I have read the above material regarding the Rights and Responsibilities of students within Student Support Service. I consent to abide by and expect to be treated under the conditions above.

(Signature)

(Date)

Certification

I certify that all the information on this application, including all supporting documentation, is true to the best of my knowledge. I understand that the information collected will be used for assessment purposes for the U.S. Department of Education.

(Signature of Student)

(Director/Coordinator)