

First Year Retention Program Student Information Form

Name:		
RUID:	Cell:	Home phone:
Rutgers email address:		
Personal email address:		
Permanent Address:		
City:	State:	ZIP Code:
Campus Address:		
City:	State: NJ	ZIP Code:
Do you commute? Yes / No <i>(Please circle)</i>	How many miles one-way?	
Advising information		
If you are student in the EOF, an Athlete, International student, or in the Honors program , please indicate the name of your designated counselor:		
Name:		
Learning Disability		
Do you have or suspect that you may have a Learning Disability that has been or should be documented?		Yes / No <i>(Please circle)</i>
Date of last testing:	Type of LD:	
Have you contacted Disability Services?	Yes / No <i>(Please circle)</i>	
Family Obligations		
Do you have any family obligations or responsibilities ? Yes / No <i>(Please circle)</i>		
Who to? Siblings / Parents / Children / Others		
Please give details:		
Financial Aid		
Do you receive Financial Aid? Yes / No <i>(Please circle)</i>		
Federal Loans	Grants	Private Loans
State Aid	Scholarship	Other
Employment		
Are you currently employed or planning to be employed during the coming semester? Yes / No <i>(Please circle)</i>		
How many hours per week? <i>(Please circle)</i>		
Fewer than 10 hours	10 – 20 hours	20 – 30 hours
30 hours or more.		
Failed Courses		
What are you plans for repeating failed courses from last semester? (Please list courses to be repeated)		

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Major or Career Interests	
Please list any major and/or career interests you have.	
Extracurricular Involvement	
Please check off and name any extracurricular involvements you anticipate participating in during the semester.	
Intramural Sports	
Student Organizations	
Clubs	
Work Study	
Employment	
Community Service	
Other	
Additional comments	
If there is anything else you would like us to know, please add it here.	