



M.E.C.A. PARTICIPANT INFORMATION & INTAKE SHEET

Our MISSION

The Center for Multi-Ethnic & Cultural Affairs provides programs and support services designed to promote the academic persistence, success and graduation of a diverse student body. Our goals are to develop strategies and programs to support and retain a diverse student population. To increase the awareness of diversity issues and educational opportunities available at TCC and to facilitate the transition process for incoming students of color.

While we strive to provide support services to increase retention and success of students of color, everyone is welcome.

Student Information: (Please complete the following information)

Date: _____ Name: _____ Student ID _____

Phone Number: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Do you receive Financial Aid? _____ Yes _____ No

How long at TCC: _____ Year in School (# of college –level credits): ___ 1-45, 1st Year ___ 45+, 2nd Year

Educational Goals:

Major: _____ TCC degree: _____

Transfer School: _____

Demographic Data:

Gender: _____ Male _____ Female

Race & Ethnicity (please mark all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> African American | <input type="checkbox"/> Alaska Native | <input type="checkbox"/> American Indian |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> African | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Other (Please Specify) _____ | | |

Are you of Spanish/Hispanic/Latino ethnicity? Yes or No (Circle one)

- If Yes, please mark all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Mexican American / Chicano | <input type="checkbox"/> Cuban |
| <input type="checkbox"/> Puerto Rican | <input type="checkbox"/> Other Hispanic/Latino (specify) _____ |

Participant's Agreement

The information provided on this form is, to the best of my knowledge, accurate and true.

Student's signature: _____ Date: _____

Coordinator/Retention Specialist signature: _____ Date: _____