

APPLICATION FOR FIRST YEAR EXPERIENCE PROGRAM

The First Year Experience Program (FYE) creates an environment where first year college students receive intentional educational case management support services dedicated to addressing transition issues that are common to first year students at the Community College of Denver (CCD).

Step one: Apply to the FYE program if summer or fall semester is your first semester starting college. The application window is April 1-September 30.

Step two: You will be invited to a FYE program intake session.

Step three: After attending the FYE program intake, you will be assigned a FYE Student Services Specialist. Your Specialist will be your academic advisor, guidance counselor, coach, advocate, and overall partner in your educational journey during your first year at CCD.

**If you are not selected to participate, you will receive information regarding a CCD support program that is more appropriate for your educational experience at CCD.

Name: _____			
First	M.I.	Last	
S#: S _____	Phone #: _____		
	Home	Cell	
Do you want to receive Text Message Reminders? <input type="checkbox"/> Yes <input type="checkbox"/> No (Standard fees apply – if you do not have unlimited text messaging)			
Email: _____			@student.cccs.edu
Your official CCD email account is the only email CCD will accept for correspondence.			
Birth date: _____			
Other Email Address: _____			
Address: _____			
Street	City	State	Zip Code
Ethnic Origin			
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White		
<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or/other Pacific Islander		
<input type="checkbox"/> Black/African American	<input type="checkbox"/> More Than One Race		
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> No Response		
Citizenship (Check One)			
U.S. Citizen <input type="checkbox"/>	Permanent Resident <input type="checkbox"/>	Other <input type="checkbox"/>	
<u>Educational Data</u>			
Name of High School _____		Date Graduated from High School _____	
Do you have a GED? Yes <input type="checkbox"/> No <input type="checkbox"/>			
As a high school student, did you take college courses? Yes <input type="checkbox"/> No <input type="checkbox"/>			
List the names of all Colleges and Universities you have ever attended: _____			
Testing/Placement			
I have taken the Accuplacer Test Yes <input type="checkbox"/> No <input type="checkbox"/>			
Or I have submitted my ACT/SAT scores to the testing center in SO-223 Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
College Plan			
I plan to attend CCD:	Fall 20 _____	Spring 20 _____	Summer 20 _____
I plan to earn an Associate’s Degree from CCD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
I plan to transfer to a four-year college/university	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
I plan to earn a Certificate from CCD	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Unsure <input type="checkbox"/>
Are you currently working with a CCD Advisor? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, who: _____			

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Financial Aid

Have you completed a Financial Aid Application (FAFSA) for the current academic year? Yes () No ()

Do you receive the Denver Scholarship Foundation (DSF) Scholarship? Yes () No ()

Name other scholarships you have been awarded: _____

Do either of your parents have a Bachelor's Degree (4 Years)? Yes () No ()

Do you have a documented disability? Yes () No ()

If yes, please specify disability: _____

What types of support would you like to receive from the FYE Program? _____

CONSENTING AGREEMENT

The purpose of this agreement is to communicate a mutual understanding of your responsibilities as a candidate for the FYE Program and the responsibilities of the FYE Program staff.

Carefully read the statements and initial each statement after you read it.

____ FYE Program staff will review my academic progress, financial aid status, and maintain a record of my participation in the program.

____ I am required to attend one workshop per fall and spring.

____ FYE staff will have ongoing communication with my instructors throughout my participation in the program.

____ Staff will request progress reports from my instructor(s) each semester.

____ It is important that I attend all appointments and/or meetings scheduled through the FYE Program office. If there is a reason that I cannot attend, I will call in advance to cancel and reschedule the appointment.

____ If I am more than 15 minutes late, my appointment may be rescheduled.

____ It is important that I discuss any changes in my registration with FYE Program staff prior to making the official change (e.g., dropping/adding courses or withdrawing from classes).

____ It is important that I maintain regular contact with my FYE Student Services Specialist once per month.

____ I understand that my college email is the official means of communication with the college. I will check my college email at least two times per week.

____ I must act in accordance with the CCD Student Code of Conduct and if I violate the Code of Conduct my participation with this program may be amended and/or vacated.

____ I understand that this application does not mean that I will automatically become a participant in the FYE program.

____ Staff will review my application and I will be invited to a FYE Program Intake session to assess if I am eligible to participate in the program.

____ If I am not selected to participate, I will receive information regarding a CCD support program that is more appropriate for me. I will receive this information in person or via the email address(es) I provided.

____ Registration holds may be placed on my account for lack of participation, loan acceptance, and financial aid or academic probation and/or suspension.

____ I understand the duration of the FYE Program is Fall-Spring, first year only. I will be transitioned to a Program Advisor after my first year.

I understand that FYE Program staff at the Community College of Denver will utilize the information provided to assess my academic, career, personal, and financial aid planning needs. I understand this information will be used in the strictest confidence. I give my permission to release information that will assist the FYE Program staff in ongoing evaluation of my academic pursuits.

I acknowledge that the FYE Program staff will assist me in achieving my academic goals if only I fulfill my obligations as agreed upon by FYE Program staff and myself. I understand that if I do not fulfill program responsibilities that my status in the program can be amended and/or vacated.

My signature below indicates that I have read the agreement and I have had a chance discuss my questions or concerns with program staff. I give my consent to the FYE program to act as specified above.

Student: _____ Date _____
Signature Date

Internal Use Only

Placement Level: _____ ACT/SAT Scores: _____ HS GPA: _____ Program Eligible: Yes () No ()

REA _____ REA _____ If no, list the reason: _____

SS _____ SS _____ If no, list where the student was referred: _____

MAT _____ MAT _____ Degree/Certificate: _____