

TOP Student Intake

Name: _____

Student ID: _____

1. Intended field of study or major? _____
2. On a scale of 1 to 6, how confident are you in your chosen major?
(Not Confident) 1 2 3 4 5 6 (Very Confident)
3. What motivates you to successfully earn your degree?

4. Would you like assistance in any of the following areas? (Check all that apply)
 - Connecting with my faculty advisor
 - Choosing the right classes (Academic Advising)
 - Obtaining information to help pay for my education (Financial Aid Assistance)
 - Connecting with Faculty or student mentoring in my chosen major or career
 - Connecting with other students
 - Strengthening my time management skills
 - Strengthening my study skills
 - Becoming familiar with the resources on campus
 - Exploring career options (Career Counseling)
 - Personal matters that might impede my ability to be successful (Personal Counseling)
 - Cultural activities (Cultural Enrichment)
 - Adjusting to the college environment
 - Learning Oregon Tech's policies and procedures (how to drop classes, course repeat policy, etc.)
 - Help with a specific Oregon Tech department. Please list: _____
 - Peer Consulting in a specific subject. Please list: _____
5. What other assistance do you feel you will need to succeed at Oregon Tech? _____

6. Do you know who your faculty advisor is? Yes or No
7. Do you feel comfortable approaching your faculty advisor for help? Yes or No
8. What are some of the reasons to visit your faculty advisor? _____

9. How many hours do you anticipate studying and doing homework per week? _____
10. Do you plan to get a job on or off campus? Yes or No
11. Do you own a computer? Yes or No
12. Do you have internet access at home? Yes or No
13. Do you know how to access student registration, financial aid, and email through Oregon Tech's website? Yes or No

TOP Student Intake

14. Can you list the financial aid you were awarded for this academic year? Yes or No

15. What is the difference between Subsidized and Unsubsidized Loans?

16. How would you rate your experience with the following:

	(None)					(Expert)
Word document	1	2	3	4	5	6
Excel	1	2	3	4	5	6
PowerPoint	1	2	3	4	5	6
Email attachments	1	2	3	4	5	6
MyOIT	1	2	3	4	5	6
OIT's Library website	1	2	3	4	5	6

17. Describe what educational support and encouragement you have received from your family or others with whom you are close. _____

18. What are your life goals and how do you feel TOP can help you achieve them?

19. Please describe any other areas that you believe may impact your success, or any other topics that you would like to discuss with a TOP advisor. _____

Signature: _____ Date: _____

To be completed by TOP Specialist: _____ Date: _____

Check all that Apply:

<input type="checkbox"/> Recommend Computer Skills Tutorial	<input type="checkbox"/> Refer to Student Health
<input type="checkbox"/> Refer to Peer Consulting	<input type="checkbox"/> Refer to Financial Aid
<input type="checkbox"/> Assigned Peer Mentor or SSM	<input type="checkbox"/> Other _____
<input type="checkbox"/> Recommend Career Services	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____