

CUNY EDGE Intake Form

Intake Date: ___/___/___ College: _____ Student EMPLID: _____

Personal Information

Student First Name: _____ Student Last Name: _____

Home Address:

Street: _____ Apt _____ City: _____ Zip Code: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Personal Email: _____ College Email: _____

Gender: Female Male Other

Age: 18 - 25 26 - 35 36 - 45 46-55 55+

Race/Ethnicity (Optional): Do you consider yourself Hispanic/Latino/a?: Yes No

American Indian/Alaskan Native Asian/ Pacific Islander

Black White More than two races

Other: _____

Current Student Status: Enrolled Graduate

Are you a parent? Yes No If yes, how many children are under age 18? _____

Emergency Contact:

Name: _____ Cell Phone: (____) _____ Relationship: _____

Public Assistance Status Information

Public Assistance Case Number: _____

HRA Case Type: TANF/FA SNCA SNNC Other

HRA Case Status: Applying Active Sanctioned Closed Other

Educational Information

Currently enrollment: Full-time Part-time

Currently degree goal: Associates Bachelors Certificate

Major (if declared) : _____

Grade Point Average:

Last semester: _____ Cumulative: _____

Expected Date of Graduation:

Year: _____ Following Fall Spring Summer

Number of credits attempting during current term: _____ Total credits earned: _____

Enrollment in other student support programs

ACE ASAP College Discovery Seek Other (please add info) _____

When did you enroll in your current CUNY college? _____

Are you a transfer student?

Yes

No

If yes, from what college? _____

Work Information

Are you currently enrolled in the HRA Work Study Program? Yes No

Are you currently (or anticipate to be) enrolled in Federal Work Study? Yes No

Are you currently employed (not internship or work study)? Yes No

If yes, are you working: Full-time Part-time

Student Signature: _____ Date: _____

Checking this box certifies my electronic signature on this document.