

ROBERT MORRIS UNIVERSITY ILLINOIS
Student Support Services
S.T.A.R.S.

Managed Achievement Plan (MAP)

PERSONAL INFORMATION

Name: _____ Date: _____

SSN: _____ Birth Date: _____ (Please circle): Male Female

Address: _____

City, State, Zip Code: _____ Home Phone: _____

E-mail Address: _____ Alternate Phone: _____

Marital Status (please circle): Married Single Separated Divorced Widowed

Ethnic Origin:

___ American Indian ___ Asian American ___ African American

___ Latino American ___ Caucasian ___ Other: _____

Do you have a documented disability (physical, emotional, and/or learning)? If yes, please explain. *

**Documentation of disability is required to provide any accommodations.*

Are you receiving assistance from the Department of Rehabilitative Services (DORS)? Yes No

EDUCATIONAL DATA

High School GPA: _____ GED Score: _____

Date of Start at RMC: _____ Have you taken a quarter off? Yes No When? _____

Academic Advisor: _____ Are you Day or Evening student? _____

What is your current status (please circle): Freshman Sophomore Junior Senior

Low-Income Eligibility Criteria

Federal regulations require verification of family income and must be submitted as part of the application process.

1. INCOME CATEGORIES: TAXABLE INCOME ONLY (Please check ONE):

- \$ 0-\$19,999 _____
- \$ 20,000-\$39,999 _____
- \$ 40,000-\$59,999 _____
- \$ 60,000-\$79,999 _____
- \$ 80,000 or above _____

2. NUMBER OF PEOPLE IN FAMILY _____

3. CITIZENSHIP (Please check one):

- I AM A U.S. CITIZEN _____
- I AM NOT A U.S. CITIZEN _____

4. FIRST GENERATION STATUS (Defined by neither parents nor guardians completed a Bachelor's degree, check one).

- I AM A FIRST GENERATION COLLEGE STUDENT _____
- I AM NOT A FIRST GENERATION COLLEGE STUDENT _____

Have you applied for Financial Assistance at Robert Morris University? Yes No
If yes check all that apply

_____ FWS _____ SEOG _____ MAP _____ Other: _____

COUNSELING AND ADVISING

I need assistance with the following:

- _____ Understanding the major fields of study
- _____ Personal counseling to help with personal concerns/problems
- _____ Career counseling (i.e. resume writing, interviewing, cover letters, etc.)
- _____ Advising on financial aid award, completing applications, finding outside sources of aid
- _____ Problems which may affect my academic success, please check those that apply:
 - _____ study skills _____ test anxiety _____ time/schedule management
 - _____ note-taking _____ memory retention _____ reading comprehension
 - _____ stress management _____ test taking _____ other: _____
- _____ Other, please specify:

Release of Information

I (print name) _____ do hereby consent to release the following information to the Student Support Services Program:

1. Release of information from the financial aid office concerning my application for an award of financial assistance;
2. Release of all academic records including an (Individual Education Plan (IEP)).
3. Release of my home and/or work number to my student mentor;
4. Consent to talk with an academic advisor or instructor if necessary.

Please write a brief statement as to how you found about the program and why you would like to join Student Support Services.

Student Contract

I fully understand that in order to be considered an active participant in the Student Support Services Program; **I am responsible for fulfilling the following:**

1. Submit a quarter-schedule by the end of week one of the quarter;
2. Submit a change of address form any time my address, name, or status changes;
3. Attend Tri-Quarterly counseling sessions with my personal SSS Advisor during the 4th, 6th, and 9th weeks of each quarter;
4. Attend at least two SSS workshops each quarter;
5. Meet with my mentor at least once a quarter;
6. Attend all required Student Support Services tutoring sessions as determined by my SSS Advisor and myself;
7. Attend at least one culturally enriching activity per quarter;
8. Strive continually to have good academic standing (**at least a 2.0**) by attending class, arriving on time, participating in class, completing homework and assignments, etc.;
9. Respond to all Student Support Services directives and inquires; and
10. Cooperate with faculty, staff, and other students at RMU.

Failure to fulfill the aforementioned obligations of the contract will result in my dismissal from the Student Support Services Program, and the forfeiture of all rights and benefits thereof.

I hereby certify that I have read and that I understand and will abide by the conditions of the contract.

Student's Signature

Date

Director's Signature

Date

Office use only

SSS Advisor Recommendation _____ Accept _____ Delay _____ Deny

Reason for recommended action