

Blue STARS  
 Approved Initials \_\_\_\_\_  
 Intake Date \_\_\_\_\_  
 NSS \_\_\_\_\_  
 AP \_\_\_\_\_  
 SE \_\_\_\_\_  
 FAP \_\_\_\_\_  
 BA/BS \_\_\_\_\_

# BLUEFIELD STATE COLLEGE

## ACADEMIC SUCCESS CENTER APPLICATION

Student Support Services  
 Approved Initials \_\_\_\_\_  
 Intake Date \_\_\_\_\_  
 FG/LI \_\_\_\_\_  
 LI \_\_\_\_\_  
 FG \_\_\_\_\_  
 PD \_\_\_\_\_  
 LD \_\_\_\_\_

SS# \_\_\_\_\_ DATE \_\_\_\_\_

STUDENT ID: \_\_\_\_\_ CELL: \_\_\_\_\_ BSC E-MAIL: \_\_\_\_\_

NAME: \_\_\_\_\_  
 (Last) (First) (MI) (Maiden)

LOCAL ADDRESS: \_\_\_\_\_  
 (Street) (City) (County) (State) (Zip)

HOME/MAILING ADDRESS: \_\_\_\_\_  
 (Street) (City) (County) (State) (Zip)

GENDER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ ETHNICITY: \_\_\_\_\_

MAJOR: \_\_\_\_\_ ADVISOR: \_\_\_\_\_ CLASS LEVEL FR SO JR SR

Are you attending BSC \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time?

Have you earned a Bachelors Degree? \_\_\_\_\_ yes \_\_\_\_\_ no

	Yes	No	Amount	
Are you currently on Academic Probation?				
When do you expect to graduate? _____ If you graduate this academic year, do you plan to attend graduate school?				
Do either of your parents have a Bachelors Degree?				
Did you receive a high school diploma?				
Did you receive a GED?				
Are you a United States citizen?				
Do you receive assistance from the Division of Vocational Rehabilitation?				
Do you have a disability? If yes, please have your doctor to complete additional documentation. This disclosure is not required and will not affect your acceptance into the project.				
Have you applied for Financial Aid?			Need	Received

\*Attached Financial Need Analysis Screen for Income Verification and Award Screen

**COURSE SCHEDULE**

SEMESTER \_\_\_\_\_

NUMBER OF HOURS REGISTERED \_\_\_\_\_

PUT A CHECK NEXT TO THE COURSE(S) FOR WHICH YOU ARE REQUESTING TUTORING. REMEMBER TO LIST YOUR ENTIRE CLASS SCHEDULE. PUT A CHECK IN THE WEB CLASS COLUMN OF THE CLASS IS ONLINE ONLY. TO ASSIST IN SCHEDULING YOUR TUTORING SESSIONS, PLEASE INCLUDE IN THE NOTES SECTION THE TIMES YOU HAVE OTHER COMMITMENTS THAT WOULD PREVENT YOU FROM BEING AVAILABLE FOR TUTORING, SUCH AS WORK, CHILD CARE OR EXTRACIRRICULAR ACTIVITIES. IF YOU WOULD LIKE TO REQUEST A SPECIFIC TUTOR, INDICATE THAT IN THE NOTES SECTION AS WELL.

	COURSE	WEB CLASS	TIME	DAYS	BUILDING/ ROOM	INSTRUCTOR
				M T W R F		
				M T W R F		
				M T W R F		
				M T W R F		
				M T W R F		
				M T W R F		
				M T W R F		
Notes:						

**CONSENT FOR RELEASE OF INFORMATION**

**I HEREBY GRANT PERMISSION TO THE ACADEMIC SUCCESS CENTER TO VERIFY MY RECORDS FROM THE REGISTRAR AND FINANCIAL AID OFFICES. SAID PERMISSION INCLUDES MY RECORDS FOR THE LENGTH OF MY PARTICIPATION IN THE STUDENT SUPPORT SERVICES PROGRAM.**

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

<b>Rate yourself on the following Skills/Traits</b>					
<b>Skill/Trait</b>	<b>Want to Improve</b>	<b>—————&gt;</b>			<b>Not a Problem</b>
<b>Computer Literacy</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Time Management</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Using the Library</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Oral Presentation Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Taking Notes in Class</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Reading Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Writing Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Math Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Science Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Studying for Tests</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Taking Tests</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Understanding Degree Requirements</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Major/Minor Choice</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Career Choice</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Setting Goals</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Making Friends</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Feeling good about myself</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Confidence in my abilities</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Applying for Scholarships</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Applying for Financial Aid</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Healthy physical habits</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Managing a budget</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Relationships</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Organizational Skills</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Support System (friends, family, etc.)</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Cultural Awareness</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>



**Bluefield State College  
Academic Success Center  
Individualized Educational Plan**

\*please fill out the top box only on this page

<b>NAME:</b>		
<b>SS#:</b>	<b>STUDENT ID #:</b>	
<b>STREET:</b>		
<b>CITY:</b>	<b>STATE:</b>	<b>ZIP:</b>
<b>CELL:</b>	<b>BSC EMAIL:</b>	

**TO BE COMPLETED BY ASC STAFF**

**ACADEMIC NEED** based on one or more of the following criteria (check all that apply):

High School Background	Placement Test Scores	Diagnostic Tests
Developmental Courses Needed	High School Equivalency	Failing Grades
Lack of academic preparedness	Out of Academic Pipeline	Low College Grades
Need for academic support to raise grades	Predictive Indicator	

**Plan of Action:**

Information Provided	Student Initials	Entered into Blumen
Applying for Financial Aid		
Ed./Counsel. to improve financial & economic literacy		
<b>Counselor's Signature:</b>		<b>Date:</b>

**Services Requested**

Tutoring: Subjects	Time	Tutor	Career Counseling	Yes	No
			Personal Counseling	Yes	No
			Academic Counseling	Yes	No
			Graduate School Information	Yes	No
			Mentoring	Yes	No
			Financial Aid Information	Yes	No
			Computer Lab	Yes	No
			SSS Academic Counselor		

**Student Support Services Workshop**

Title of Workshop	Date Completed
*Student Success Workshop	

\*All SSS participants are required to complete the Student Success Workshop during the semester in which they apply.

**ACADEMIC SUCCESS CENTER  
PARTICIPANT CONTRACT OF AGREEMENT**

The Academic Success Center agrees to provide tutoring and other available services to all participants. Please initial each statement and sign at the bottom indicating that you agree to the contract that sets forth the responsibilities of the participant.

\_\_\_\_\_ If I am unable to attend a scheduled tutoring session, workshop or meeting, I will notify one a staff member of the Academic Success Center **at least two hours prior to the scheduled session.**

\_\_\_\_\_ I agree to meet with an Academic Success Center staff member for the number of times agreed upon when submitting my application.

\_\_\_\_\_ I will attend a minimum of one workshop during the semester.

For students receiving tutoring, please initial in agreement to the following:

\_\_\_\_\_ I will attend classes and be prepared to keep my tutor informed of course work.

\_\_\_\_\_ I understand that if I miss a tutoring session, I must meet with one of the staff members when I return with documentation or explanation. If I miss three sessions, I will be dropped from the tutoring program and will not be eligible to receive further tutoring this semester. I am not allowed to skip a session just because I have no assignment due in that class. I can work on study skills or prepare for the next class.

\_\_\_\_\_ In the event I decide to withdraw from the class in which I am receiving tutoring or drop tutoring for any class, I will meet with a Academic Success Center Staff member to discuss my decision.

\_\_\_\_\_ I will complete tutor evaluation forms each month.

\_\_\_\_\_ I give permission for the Academic Success Center to notify my professor that I am being tutored and to follow up with my professor if needed.

\_\_\_\_\_  
Director/Counselor's Signature

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

- White Copy - Participant File
- Yellow Copy - Student Copy