**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **SHORT TERM**  **GOAL:** | **MY DEGREE/CERTIFICATE OBJECTIVE: (See UAHT catalog DEGREE AND CERTIFICATES pages 85 - 87)** | | | | | | |
| Associate of Arts Degree: | | | | Major: |  | |
| Associate of Applied Science Degree | | | | Major: |  | |
| Associate of Science Degree | | | | Major: |  | |
| Technical Certificate | | | | Major: |  | |
| Certificate of Proficiency | | | | Major: |  | |
| Undecided |  | | | | | |
| **LONG TERM GOAL:** | **Bachelor’s Degree**  **Master’s Degree**  **Specialist Degree**  **Doctoral Degree (PhD)** | | | **Briefly describe your career goals. (What do you want to be)** | | | |
|  | | | |
|  | | | |
| **SERVICES REQUESTED: (CHECK ALL THAT APPLY)** | | | | | | | |
| **ACADEMIC SUPPORT** | | | **TRANSFER SUPPORT** | | | | **SOCIAL/CULTURAL SUPPORT** |
| Tutoring  Computer Lab  Academic Information  Study Skills  Test Anxiety  Time Management | | | Do you plan to transfer to a 4 year college?  Yes  No  Campus/Transfer Visitation:  HSU  OBU  SAU  TAMUT  UALR  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | TRiO Student Success Club  Cultural Awareness (Activities, Events, and Trips)  Social Information  Stress Management  Social Issues Effecting College  Success |

**PLEASE COMPLETE ASSESSMENT BELOW**

**NEEDS ASSESSMENT**

**PLEASE CHECK EACH AREA WHERE YOU WILL NEED ASSISTANCE:**

\_\_\_\_\_\_Test Anxiety Scholarship Search

Time Management Degree Plan and Course Selection

Budget/Money Management Math Skills

**PARTICIPANT AGREEMENT CONTRACT**

I accept this opportunity to participate in the University of Arkansas Community College at Hope-Texarkana TRiO Student Support Services Program. I understand the goals of this program are to retain and graduate eligible U of A at Hope/Texarkana students. I further understand that selection as a participant of the TRiO Student Support Services Program is a privilege.

**I understand and agree to the following terms of the U of A at Hope/Texarkana TRiO Student Support Services Program. Please read and initial each statement below.**

|  |  |
| --- | --- |
|  | I will utilize TRiO SSS Services. |
|  | I will meet with my **Educational Specialist** at least three times each semester. |
|  | I will complete the Financial Literacy requirements. |
|  | I do hereby agree to the conditions stated in this **PARTICIPANT AGREEMENT CONTRACT.** |

|  |
| --- |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Participant’s (Printed) Name Participant’s Signature Date (mm/dd/yy)** |