



EDUCATION DEPARTMENT

483 Great Neck Rd. South Mashpee, MA 02649
Phone 508-477-0208, x 151 Fax (508) 681-0277.

INTAKE & REFERRAL FORM for COLLEGE STUDENTS

Student's Information

Name: _____

Address: _____
(Number, Street/Road or PO Box) (Town/City) (State & Zip Code)

Phone: _____ Email Address: _____

Enrollment: # _____ Date of Birth: _____

Student's School Information: ___ Current Undergraduate ___ Current Graduate ___ Law School
___ Medical School ___ Doctoral Student ___ Full-time ___ Part-time

Name of Undergraduate School: _____

School/Program Address: _____
(Number, Street/Road or PO Box) (Town/City) (State & Zip Code)

Year of (intended) graduation _____ Degree: _____ Major: _____

Name of Graduate School: _____ Year of (intended) graduation _____

School/Program Address: _____
(Number, Street/Road or PO Box) (Town/City) (State & Zip Code)

Major course of study _____ GPA _____

Student's Signature _____

Parent/Guardian information:

Student's Mother's Name: _____

Phone: _____ Address: _____
(If same, write same, if not please include full address.)

Enrollment #: _____ Date of Birth: _____ High School Grad? _Y _N College Grad? __Y __N

Student's Father's Name: _____

Phone: _____ Address: _____
(If same, write same, if not please include full address.)

Enrollment #: _____ Date of Birth: _____ High School Grad? _Y __N College Grad? __Y __N

OFFICE USE ONLY

Student Registered with IHS? _____Y _____N

Student's SSN#: _____

CHECK LIST OF SERVICES:

___ GMAT/LSAT/GRE support ___ Internship Support ___ Research support

___ Tuition Waiver Eligible