*

Advisement Prep Confirmation Form

After submitting this form, you will be contacted to discuss any questions or needs indicated on this form. You will also be connected to an advisor to begin your academic planning and schedule your classes.

Required		-
1. First Name *		
2. Last name *		
3. Telephone number *		
4. Student ID (J-number)		
5. email address *		
6. I plan to attend most classes at: * Mark only one oval.		
Jamestown Campus		
Cattaraugus County Campus (Olean)		
North County Extension Center (Dunkirk)		
Online		
7. Are you transferring college credits from anothe Mark only one oval.	er college or through AP co	urses? *
Yes		
Νο		
Unsure		
8. Do you plan to transfer to another institution aff Mark only one oval.	ter your time at JCC? *	
Yes		

No

Unsure

- 9. What is your intended major? (if unsure, write "undecided") *
- 10. How certain are you about your chosen major? * Mark only one oval.

	1	2	3	4	5	
Very Uncertain	\bigcirc	\bigcirc	\bigcirc	\bigcirc	\bigcirc	Very Certain

- 11. What future occupation(s) or general career area are you thinking about? (or say "unsure")
- 12. What is the best way to contact you during the day (excluding text message)? *

Mark only one oval.

- Phone
 email
 Phone or email are equally good
- 13. What is the best time to contact you? *

Check all that apply.

mornings
early afternoon
late afternoon
After 5:00pm (by email)
Any time

Tell us more about yourself

We at JCC want to support you in your transition to college and throughout your time at JCC. The following questions will help us to better identify and address both your needs and potential areas of concern.

14. Do you need assistance finding on-campus employment or other part-time job while you are enrolled at JCC?

Mark only one oval.



15. How do you intend to pay for college? *

Check all that apply.
Self-pay (bank account, parents)
NYS Excelsior Scholarship
Financial Aid/FAFSA (grants, student loans, work study)
Other (employer funding, TAA, other scholarships, etc.)
Unsure/I need help with this
 How will you get to campus for your classes? * Mark only one oval.
 Living on campus
My own vehicle
Shared ride (ride with friends, family, etc.)
Walk/bicycle from nearby
Public Transportation (bus, Uber, cab)
17. Do you provide care for individuals other than yourself Check all that apply.
N/A
Children/younger siblings
Parent
Other:
Other.
18. If you provide care for others, will you have consistent and reliable help while you attend class? *
Mark only one oval.
─ N/A
Yes
No
 How many hours do you plan to work each week while in college? * Mark only one oval.
Not working
 11-20 21-30

20. Do you have ongoing responsibilities at work or at home that may cause you to miss class? *

Mark only one oval.

Yes
No

Unsure

21. Would you like more information on any of the following? (check all that apply)

Check all that apply.

Obtaining Health Insurance

Accessibility (Disability) Services

Local healthcare or mental health/counseling providers

22. What do you look forward to experiencing at JCC?

23. I will be successful in college because...

24. What other questions or concerns do you have?