



University of the Pacific
 Division of Student Life
SUCCESS

Application for Services
 (For full time undergraduate students ONLY)

Please provide the information requested below to determine your eligibility for our federally-funded program.

Last Name		First Name		ID Number
Present Address		City	State	Zip Code
Permanent Address (if different from above)		City	State	Zip Code
Phone No.		Alternate Phone No.		Cell Phone No.
Email Address:		Date of Birth: / /		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Class Standing: <input type="checkbox"/> FR <input type="checkbox"/> SO <input type="checkbox"/> JR <input type="checkbox"/> SR <input type="checkbox"/> PHARM			YR	Major
Ethnic Origin: <input type="checkbox"/> American Indian/ Alaskan <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other:				
Please list documented physical disabilities:				
Have either of your parents received a Bachelor's Degree? <input type="checkbox"/> yes <input type="checkbox"/> no				
Please check only one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident of a U.S. Territory <input type="checkbox"/> Permanent Resident – Alien Reg. No.				
Which of the following program services could you benefit from?				
<input type="checkbox"/> Academic Advising		<input type="checkbox"/> Financial Aid Counseling		<input type="checkbox"/> Career Counseling
<input type="checkbox"/> Tutorial Services		<input type="checkbox"/> Career Development Workshops		<input type="checkbox"/> Other (please state):
Have you ever participated in any of the following TRIO Programs?				
<input type="checkbox"/> Upward Bound		<input type="checkbox"/> Veteran (UB)		<input type="checkbox"/> Math/Science <input type="checkbox"/> Talent Search <input type="checkbox"/> Ed. Opp.
How did you learn about SUCCESS?				
I authorize the SUCCESS office access to my academic records and files for the purpose of determining eligibility and student progress. I verify that the above information is correct to the best of my knowledge.				
_____			_____	
Signature			Date	
Please return application to:		SUCCESS		
		University of the Pacific		Telephone: 209-946-2439
		Bannister Hall, First Floor		Fax: 209-946-2984
		Stockton, CA 95211		E-mail: success@uop.edu
For office use only		Date Received		Date FA
FG	LI	PD		NM
<input type="checkbox"/> Accepted	<input type="checkbox"/> Declined	Waiting List		Rank
Method of Recruitment: <input type="checkbox"/> Tutorial <input type="checkbox"/> C.I.P. <input type="checkbox"/> Professor <input type="checkbox"/> Other:				
Program Advisor:			Comments:	
SSN:				