File: 2023-24 ACCESS Member App R1

2023-24 AY ACCESS Membership Application

Please become (or renew) a member of ACCESS. Email to access@ucsc.edu

Note: * = Required Information (all other is not required)

Date*:.

First Name, Last Name, *:

The ethnic group you most strongly identify with:

Community College*:

Email *:

Gender :

Pronouns:

Current Address, City, State, Zip *:

Best Phone Contact *:

Are you a U.S. Citizen? *: Indicate Yes or No

Do you have a legal right to work in the U.S.?: Indicate Yes or no

Last High School Attended, City, State *:

High School Diploma received? *: Indicate Yes or No

GED/High School Equivalency? Indicate Yes or No

Major course of study*:

Estimated GPA*:

Highest degree desired*:

Anticipated future transfer to a Baccalaureate institution*:

Anticipated future transfer date to a Baccalaureate institution*:

Future career goals and/or interests*:

By typing my first and last name here I agree to participate in the assessment of the ACCESS program by completing surveys or participating in focus groups and/or interviews. *
[type your name here]:

Provide any additional information that is relevant to your application (not required):
[start here]: