

CARES Intake Form

Complete and submit or print and bring to your appointment

Personal Information

Full Name: *First* *Middle name or initial* *Last*

Address: *Street Address* *Apartment/Unit #*

City *State* *ZIP Code*

Phone: *Alternate Phone:*

University ID Number: *U of M E-mail:*

Number of Children: *Ages:*

Employer: *Hours a week* *Title:*

Academic Status Questionnaire – Answer ALL of the questions below.

- Do you understand why you have been referred to this office? ☒ Yes ☐ No
If yes, why? _____
- Do you know what your current GPA ? ☒ Yes ☐ No ☐ I think so **What is it?**
- Do you know how many times you have been suspended? ☐ Yes ☐ No ☐ I think so **How many?**
- What is your major?** **What is the minimum GPA required for your major?**
- What is the minimum GPA required in order to receive a degree from the University of Memphis?**
- Do you have your own transportation? ☐ Yes ☐ No **Is it reliable?** Yes No NA
- Do you have any other barriers/roadblocks/issues (ADHD, learning disabilities, physical disabilities, etc.) that we should know about?

What has changed since your last enrollment?