



TRIO Student Support Services
 New Mexico State University
 PO Box 30001, MSC 5278
 Las Cruces, New Mexico 88003-8001
 Office: 575-646-1336
 Fax: 575-646-8082
 triosss.nmsu.edu



Enrolled at NMSU for:

Fall 20__ Spring 20__ Summer I 20__ Summer II 20__

Name:(First, Middle, Last) _____

Citizenship: U.S. Citizen Permanent Resident

Social Security Number: _____ - _____ - _____ Aggie I.D.: _____

Date of Birth: _____ Gender: Male Female

Do either of your parents have a college or university Bachelor's Degree? Yes No

I qualify for the SSS Program, because I have a disability. Must be registered with Student Accessibility Services (SAS) Yes No N/A

Have you ever participated in a TRIO program, if so which one? _____

Local Address NMSU/ Las Cruces (Student)

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____

Student Cell Phone: _____

Prefer to receive text messages: Yes No

NMSU Email Address: _____

Permanent Address (Parents/ Guardian)

Address: _____

City: _____ State: _____

Zip: _____

Home Phone: _____

Cell Phone: _____

Alternate Email Address: _____

Ethnicity: (please mark all that apply)

- American Indian/Alaskan Native White Black/ African American
- Native Hawaiian or other Pacific Islander Asian Hispanic/ Latino
- Other: please specify: _____

Race: (please mark all that apply)

- American Indian/Alaskan Native White Black/ African American
- Native Hawaiian or other Pacific Islander Asian Hispanic/ Latino
- Other, please specify: _____

Academic Information:

Freshmen Sophomore Junior Senior

Transferring to NMSU: Yes No Previous University: _____

Major or area of interest: _____

In the NMSU College of: ACES A/S BUS EDU EG HSS

The information provided is true to the best of my knowledge. I give my permission for my NMSU Aggie I.D. to be used to verify eligibility for the program. By participating in TRIO SSS, I give my permission for my social security number to be released to the U.S. Department of Education for Annual Performance reporting.

Signature: _____ Date: _____

OFFICE USE ONLY

TRIO Student Support Services Eligibility Criteria	
First Generation: <input type="checkbox"/> Yes or <input type="checkbox"/> No Family Size: _____ Annual Income: _____ Low Income: <input type="checkbox"/> Yes or <input type="checkbox"/> No Unmet Need: _____ Pell Grant: _____	Enrolled: NMSU Credit Hours: _____ DACC Credit Hours: _____ AL Credit Hours: _____ CA Credit Hours: _____ GR Credit Hours: _____

Academic Need: ACT Composite Score Below 22: _____ High School Grade Point Average Below 3.3: _____ Enrollment in a Developmental English or Math Course: _____ College Major (Engineering, Mathematics, or Science): _____ General Equivalency Diploma Graduate: _____ Transfer Student: _____ Registered with Services for Students with Disabilities: <input type="checkbox"/> Yes or <input type="checkbox"/> No Documentation of Disability on File: <input type="checkbox"/> Yes or <input type="checkbox"/> No
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All NMSU Banner Documentation must be attached to the Student Application. Is the Student eligible? <input type="checkbox"/> Yes or <input type="checkbox"/> No _____ If no, why? _____ Director's signature: _____ Date: _____ Referred: <input type="checkbox"/> Yes or <input type="checkbox"/> No If "yes" by whom: _____
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Acceptance: Academic Need	Eligibility
1= Low high school grades	1= FGLI
2= Low admission test scores	2= LI Only
3 and 4= No longer used	3= FG Only
5= Predictive indicator	4= Disabled
6= Academic proficient tests	5= Disabled & LI
7= Low college grades	0= No Response/Unknown
8= High school equivalency	
9= Failing grades	
10= Out of academic pipeline for 5 or more years	
11= Other	
12= Limited English proficiency	
13= Lack of educational and/or career goals	
14= Lack of academic preparedness for college level course work	
15= Need for academic support to raise grade(s) in required course(s)/academic Major	