



FAYETTEVILLE TECHNICAL COMMUNITY COLLEGE
OFFICE FOR SPECIAL POPULATIONS
STUDENT INTAKE FORM

Date Received:

Staff Member:

PERSONAL INFORMATION

Name: First MI Last Datatel ID #

Address: Street/P.O. Box City State Zip Code

Telephone: Home Work

Email Address: @student.faytechcc.edu

Date of Birth: Ethnic Origin: African American White Native American Hispanic/Latino Asian/Pacific Islander Other

Sex: Male Female

Are you a U.S. Veteran? Yes No Chapter

Are you a NC Vocational Rehabilitation client? Yes No

What is your VR counselor's name?

DISABILITY INFORMATION

Documentation required check all that may apply:

- Deaf Orthopedic
Hearing Impaired Psychological/Emotional
Speech/Language impaired Learning Disabled (ADD, LD, Dyslexia, etc)
Visually-Impaired
Other (specify)

ENROLLMENT INFORMATION

Semester you plan to begin your attendance at FTCC

Fall Spring Summer Year 20

Are you currently enrolled: Yes No

If yes, what curriculum

If no, interested curriculum

Comments:

Four horizontal lines for writing comments.