Orientation Student Questionnaire - Autumn 2016

Dear New Buckeye,

I know that your first year in college can be challenging. We offer a wide range of activities, events, services and resources designed to support you to achieve your academic goals. Our student services encourage you to explore our campus community, build connections and find your fit.

I invite you to assist us to gather the information we need to collect so that we can prepare for your orientation and first year programming. In addition, the information you provide here will be used to meet our data collection requirements for one of our most successful student support programs: Program Excel (funded by a USDE, Trio Grant). You can learn more about Program Excel at our webpage: http://ati.osu.edu/currentstudents/studentservices/program-excel.

Please take a few minutes to complete this questionnaire. Return the completed questionnaire using the enclosed self-addressed and postage paid envelope. Feel free to contact me if you have any questions. Otherwise, I look forward to meeting you at orientation.

Best regards,
Ruth Montz
Coordinator – Student Services

1. Student’s Name:__________________________ 2. OSU Username (name.#):___________________________

3. Can we text you about services, activities or events on campus?
   ____ No   ____ Yes What is the mobile phone number where you can receive a text message? _______________

4. Did you take Advanced Placement Courses (AP) or complete courses for College Credit (e.g., College Credit Plus, PSO or Dual Enrollment) while in high school?

   Advanced Placement Test Taken
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

   Courses taken for College Credit while in HS
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
5. Please list the math and sciences courses you took in high school and how long ago you took them:

   Math Course: ___________________________   Science Course ___________________________
   Math Course: ___________________________   Science Course ___________________________
   Math Course: ___________________________   Science Course ___________________________
   Math Course: ___________________________   Science Course ___________________________

6. What is the highest level of education attained by any parent/guardian you live with?

   _____ GED          _____ High School Diploma          _____ Associate (2-year) Degree
   _____ Bachelor’s (4-year) Degree          _____ Graduate or Professional Degree

7. I am prepared to effectively manage my course load and unstructured schedule that comes with college:

   _____ Yes, definitely       _____ No, I’ll need some guidance with this

8. I manage all of my financial responsibilities for college (completed FAFSA, monitor tuition and housing payments, etc.)

   _____ Yes, I am the primary person who handles my financial responsibilities for college
   _____ No, my parent/guardian handles most of my financial responsibilities for college

9. I understand how to use all the parts of my financial aid package (grants, scholarships, subsidized loans, unsubsidized loans, etc.) to pay for college.

   _____ Yes       _____ No

10. I have a plan for how to budget money (weekly/monthly) while I am in college. _____ Yes       _____ No

11. Are you planning to pursue a Bachelor’s (4-year) degree? _____ Yes       _____ No

If you are planning to pursue a Bachelor’s (4-year) degree, please answer the following two questions.

12. I will be comfortable going to college on a big campus like The Ohio State University, Columbus.

   _____ Yes       _____ No

13. I will be comfortable going to college in a city the size of Columbus, Ohio.

   _____ Yes       _____ No

My signature verifies the information on this questionnaire to be accurate and true.

Student Signature_________________________________________  Date_________________________