



CADS SUMMER PROGRAM 2009 STUDENT DATA FORM

Name: _____ Date: _____
(please print)

Nick Name: _____ UB Person Number *or* SSN: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Tee-Shirt Size: () Small () Medium () Large () X-Large () XX-Large () XXX-Large

MODE OF TRANSPORTATION

For our records we need to know how you plan to travel to the CADS Summer Program and return home at the conclusion of the Program. Please check the method that most accurately describes your mode of transportation to and from the CADS Summer Program.

To Buffalo		Car	Bus	Amtrak	Airplane
<input type="checkbox"/>	With family/friends by:	o	o	o	o
<input type="checkbox"/>	Alone by:	o	o	o	o
<input type="checkbox"/> Will drive a personal car by: (Please fill out Vehicle Information on page 5)					
<input type="checkbox"/> On Summer Program bus: (Please fill out Summer Program Bus Form on page 6)					

From Buffalo		Car	Bus	Amtrak	Airplane
<input type="checkbox"/>	With family/friends by:	o	o	o	o
<input type="checkbox"/>	Alone by:	o	o	o	o
<input type="checkbox"/> Will drive a personal car by: (Please fill out Vehicle Information on page 5)					
<input type="checkbox"/> On Summer Program bus: (Please fill out Summer Program Bus Form on page 6)					

RELEASE OF CONFIDENTIAL DOCUMENTATION TO PARENTS/GUARDIAN

By signing below, I, the student, provide permission to have my University at Buffalo academic and disciplinary information copied and shared with: (my parents/guardian)

Signature: _____ Date: _____



Center for Academic Development Services Summer Program

MEDICAL / INSURANCE / EMERGENCY CONTACT INFORMATION

HEALTH INSURANCE

(Attach a copy of the parents' Insurance ID Card)

Do you have health insurance? Yes No

Type of Insurance: Private Insurance through Employer NYS Program

Medicaid/Medicare Other

Insurance Co. Name: _____ Authorization Phone #: _____

Policy ID #: _____ Group #: _____

SSN: _____ Date of Birth: _____

(There will be a mandatory fee for a Student Health Insurance Policy during academic year. Last year the fee was \$1,439.)

MEDICAL AUTHORIZATION FOR TREATMENT

I, _____, parent or guardian of _____
consent to medical treatment for the above-named student between the dates of July 11, 2009 through July 31, 2009; while
attending the CADS Summer Program at the University at Buffalo.

(Note: Students MUST bring their insurance ID cards)

Parent/Guardian Signature

Date

EMERGENCY CONTACT INFORMATION

Name of Contact Person: _____ Relationship: _____

Daytime Phone _____ Evening Phone: _____ Alternate Phone: _____

Address: _____
Street City State Zip

Please list any health information that the CADS staff should know about such as allergies, medications,
accommodations needed, etc.: _____

Please list any dietary restrictions (include medical, religious, cultural): _____



CADS SUPPLEMENTAL ADVISING QUESTIONNAIRE

(Complete Front and Back of Form)

Name of the Student: _____
(please print)

1. How much education do you expect to get during your lifetime? (Circle one.)
 - a. College, but less than a bachelor's degree
 - b. Bachelor of Arts or Sciences or equivalent
 - c. Graduate study / Masters degree
 - d. Doctoral degree (such as M.D., Ph.D., etc.)

2. Please list three goals that you have for yourself right now:
 - a. _____
 - b. _____
 - c. _____

3. About 50% of university students typically leave before receiving a degree. If this should happen to you, what would be the most likely cause? (Circle one.)
 - a. I am absolutely certain that I will obtain a degree.
 - b. I may leave early to accept a good job.
 - c. I may leave early to enter military service.
 - d. I may leave early because college may cost more than my family can afford.
 - e. I may leave early due to marriage.
 - f. I may leave early due to disinterest in study.
 - g. I may leave early due to lack of academic ability.
 - h. I may leave early due to insufficient reading or study skills.
 - i. I may leave early due to other reasons: _____

4. Please list three things that you are proud of having done:
 - a. _____
 - b. _____
 - c. _____

5. Please list offices held and/or groups belonged to in high school or in your
Community: _____

Name of the Student: _____
(please print)

Please indicate the extent to which you agree or disagree with each of the following items. Respond to the statements below with your feelings at present or with your expectations of how things will be. Write in the number that corresponds to your answer to the left of each item:

- | 1 | 2 | 3 | 4 | 5 |
|----------------|-------|--|----------|-------------------|
| Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
| ___ | 6. | The University should use its influence to improve social conditions in the State. | | |
| ___ | 7. | It should not be very hard to get a B (3.0) at UB. | | |
| ___ | 8. | I get easily discouraged when I try to do something and it doesn't work. | | |
| ___ | 9. | I am sometimes looked up to by others. | | |
| ___ | 10. | If I run into problems concerning school, I have someone who will listen to and help me. | | |
| ___ | 11. | There is no use in doing things for people; you only find that you "get it in the neck" in the long run. | | |
| ___ | 12. | In groups where I am comfortable, I am often looked to as leader. | | |
| ___ | 13. | I expect to have a harder time than most students do at UB. | | |
| ___ | 14. | Once I start something, I finish it. | | |
| ___ | 15. | When I believe strongly in something, I act on it. | | |
| ___ | 16. | I am as skilled academically as the average applicant to UB. | | |
| ___ | 17. | I expect I will encounter racism at UB. | | |
| ___ | 18. | People can pretty easily change me even though my mind is made up on a subject. | | |
| ___ | 19. | My friends and relatives don't feel that I should go to college. | | |
| ___ | 20. | My family has always wanted me to go to college. | | |
| ___ | 21. | Since course tutoring is made available on campus at no cost, I will attend regularly. | | |
| ___ | 22. | I want a chance to prove myself academically. | | |
| ___ | 23. | My high school grades don't really reflect what I can do. | | |

See Tracey, T. J., & Sedlacek, W. E. (1984). **Noncognitive variables in predicting academic success by race. Measurement and Evaluation in Guidance, 16, 171-178, for validity and reliability data.**



VEHICLE INFORMATION FORM

(please print all information clearly)

Vehicles are not permitted during summer program except for extreme extenuating circumstances. You must receive permission from the CADS Administration to bring a vehicle onto campus during the CADS Summer Program. Fill in the following information **only** if you need to bring a vehicle, and we will inform you of our decision.

Name of the Student _____

Make, Model and Year: _____

License Plate #: _____

State In Which Car Is Registered: _____

In Whose Name Is the Car Registered: _____

Reason for Bringing Vehicle onto Campus: _____

Office Use Only

Date Received: _____

Approved ()

Disapproved ()

Contacted: () *Yes* () *No* *Via:* _____



University at Buffalo The State University of New York
Center for Academic Development Services Summer Program

BUS FORM

(Complete this form only if the student is from the New York City Area)

CADS provides limited free bus transportation from NYC for Summer Program students. The **first 90** students with **all of the forms completed** may benefit from this service.

If you need bus transportation, please return this form immediately to:

CADS Summer Program
208 Norton Hall
State University of New York at Buffalo
Buffalo, New York 14260

We will contact you to let you know if you have received a place on the bus.

I want to take the Summer Program bus.

Name: _____

Address: _____
Street City State Zip

Phone Number: _____

Office Use Only

Date Received: _____

On Bus: Yes No

Letter Sent: Yes No

SUPPLEMENTARY MEDICAL QUESTIONNAIRE

(Parent/Guardian must complete)

Name of the student: _____
(Please print)

In the event that your child needs medical care after normal university health center hours, please check with your medical insurance provider to make sure that your insurance covers the following services for the time period that your child will be residing in the Buffalo area.

Of course, in an emergency your son and/or daughter will be taken by ambulance to the nearest hospital or emergency care facility. Your information will assist in our transportation decision regarding minor injury.

<i>Services</i>	<i>*Covered</i>	<i>Co-payment/Deductible</i> <i>(List amount)</i>
Ambulance	Yes / No	
Emergency Room	Yes / No	
Hospitalization	Yes / No	

*Please circle the applicable response

Please list any additional information:

Signature of Parent/Guardian