

**MIAMI-DADE COLLEGE**  
**InterAmerican CAMPUS**  
**ACCESS DEPARTMENT**

**RECEPTION INTERVIEW**

**STUDENT:** \_\_\_\_\_ **S.S. #:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_ **PHONE #:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**HOW WERE YOU REFERRED TO ACCESS?**     \_\_\_ Instructor   \_\_\_ Advisor   \_\_\_ Self-Referred  
    \_\_\_ Relocated from another Campus \_\_\_\_\_

**COLLEGE STATUS:**   \_\_\_ New Student   \_\_\_ Continuing Student   \_\_\_ Transfer

**Student's Description of Disability:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

<b>DATA FIELD</b>	<b>DATA</b>
Emergency Contact/Phone #:	Phone: _____
Employment Status:	___ Full-time   ___ Part-time   ___ Unemployed
Financial Aid Status:	___ Pending   ___ Pell   ___ Loan   ___ SA   ___ Other   ___ None
Transportation Status:	___ Personal   ___ STS   ___ Public   ___ Other
Program Objectives:	___ A.A.   ___ A.S.   ___ Certificate   ___ Other Program: _____
Agencies Associated:	___ Division of Blind Services   ___ Deaf Services Bureau ___ Division of Vocational Rehabilitation ___ Recordings for the Blind and Dyslexic ___ Veterans Administration
Type of HS Diploma:	___ Regular   ___ Special   ___ Certificate of Attendance ___ No Diploma   ___ GED
Current Medications:	_____
Allergies/Conditions:	_____
Name of Physician:	_____

**INTERVIEWER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*I understand that the information provided to the ACCESS Department is strictly confidential.*

\_\_\_\_\_  
 (Student Signature)

\_\_\_\_\_  
 (Date)