

Intake Information Form

Regional Assessment and Resource Centre (RARC)

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This section is to be completed by RARC Staff Supervised By: Intake: Today's Date: (MM/DD/YYYY) Please indicate below how you were referred to the Regional Assessment and Resource Centre: Preferred Pronouns: _____ Gender: ... Female ... Male ... Other Local Address: _ ... High School Student ... College/University Student Name of High School: _____ Current Grade LastGradeCompleted _____ Which College/University are you enrolled in 2: Program: ... Other: ... Full Time ... Part-Time Year: ... 1 ... 2 ... 3 ... 4 ... Summer For which term(s): ... Fall ... Winter ... Spring (SeptDec) (JanApr) (May-Jun) (JulAug)

How many courses per term __