

## SUPPLEMENTAL QUESTIONNAIRE

Intern, ORCSS

### APPLICANT INSTRUCTIONS:

*Respond honestly and truthfully to all questions. The statements you make on this form are subject to verification. Applicants found to have provided false or misleading information will be disqualified from further employment processing or, if hired, will be immediately terminated from employment.*

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### University/College Information:

Are you currently enrolled in a regionally accredited college/university? ☐ Yes ☐ No

If **yes**, please indicate the name of the college/university and how many units you currently have completed, and your degree major.

Name of College/University: \_\_\_\_\_

Units Completed: \_\_\_\_\_

Degree Major: \_\_\_\_\_

Degree Currently Pursuing: ☐ Associates ☐ Bachelor's ☐ Master's ☐ Doctorate

Anticipated Graduation Date: \_\_\_\_\_

If **no**, please indicate the name of the college/university you plan on attending and the "intent to register date" for course registration.

Name of College/University: \_\_\_\_\_

Projected Registration or Enrollment Date: \_\_\_\_\_