

OYM Transfer Student Application

Start of Block: Default Question Block

Q22 Student: Please fill out these forms to the best of your ability, answering every question. Please answer honestly, providing details/explanations where needed. These questions are meant to give us a better picture of who you are and if On Your Marq is a good fit for you! We know that you have just completed the long and strenuous college application process and have no doubt answered these questions on other forms, but please provide us with as much detail as you can. If you have any questions or need clarification, please email the On Your Marq team at oym@marquette.edu.

Q1 Applicant Information

- Name (1) _____
 - Pronouns (2) _____
 - Date of Birth (3) _____
 - Address (4) _____
 - Phone (5) _____
 - Email (6) _____
 - MUID/ID Number (7) _____
-

Q5 Parent/Guardian #1 Information (for billing purposes)

- Name (1) _____
 - Mailing Address (2) _____
 - Phone (3) _____
 - M** Alternate Phone (4) _____
 - Email (5) _____
-

Q6 Parent/Guardian #2 Information (for billing purposes)

- Name (1) _____
- Mailing Address (2) _____ Mailing Address (2)

Q15 Do you feel comfortable reaching out for academic help if needed? If yes, how would you normally do so? And to whom would you reach out? If no, what makes it uncomfortable or difficult to do so?

Q16 What is your major/minor?

End of Block: Block 2

Start of Block: Block 3

Q19
General Questions

Please answer the following questions to the best of your ability. We recognize that you may not know how to answer or predict the answer to all of these questions, but we ask that you give us your best guess or note that you do not know.c

Q17 Do you feel comfortable reaching out for help with social issues? To whom would you reach out?

Q18 What kinds of social supports do you think you'll need in college?

Q23 Tell us about your current friends. What do you like to do with them? How often do you hangout together?

Q33 Have you participated in intervention/therapy/social skills classes, etc. in the community that you found helpful? If yes, please list them and describe.

Q34 Will any of the above therapies/interventions continue if you are enrolled in OYM? Please list the ones that might continue.

Q35 What do you hope to get out of participating in OYM?

Q36 Why did you choose to come to Marquette?

Q37 What would you like the OYM staff to know about you?

Q34 Where did you hear about On Your Marq?

Q35 Would you have considered Marquette without On Your Marq?

- Yes (1)
- No (2)
- Maybe (3)

End of Block: Block 3

Start of Block: Block 3

Q36 Disability Documentation

Q37 If you have your disability documentation, please upload it here. If you don't have it right now, you can email it to oym@marquette.edu

End of Block: Block 3
