OYM Transfer Student Application

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)	
O Name (1)	
O Mailing Address (2)	
O Phone (3)	
O Alternate Phone (4)	
O Email (5)	
Q6 Parent/Guardian #2 Information (for billing purposes)	
O Name (1)	
O Mailing Address (2)	
O Phone (3)	
O Alternate Phone (4)	
O Email (5)	
Q7 Do you want your parents involved in your participation in On Your Marq?	
O yes (4)	
O no (5)	
End of Block: Default Question Block	
Start of Block: Block 2	
Q20 Education	

Q10 colle	If you are not a current Marquette Student, where are you or have you previously ege?	attended
	Did you receive any classroom supports in high school, or accommodations in Co what was helpful and what was not? Why?	llege? If
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Q12	What are your favorite and least favorite things about college?	
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	Describe how you like to study. What has worked best and what has not worked foast?	or you in
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norm	Do you feel comfortable reaching out for academic help if needed? If yes, how we hally do so? And to whom would you reach out? If no, what makes it uncomfortabult to do so?	•
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Q16	What is your major/minor?	
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End	of Block: Block 2	
Start	t of Block: Block 3	
Q19 Gene	eral Questions	
know	se answer the following questions to the best of your ability. We recognize that you how to answer or predict the answer to all of these questions, but we ask that you best guess or note that you do not know.c	

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18	What kinds of social supports do you think you'll need in college?	
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	Tell us about your current friends. What do you like to do with them? How often do y out together?	/ou
ai 19	out together:	
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	example, doing laundry, taking care of hygiene, eating regureom clean? To whom would you reach out?	7,0 01
25 What kin	nds of supports do you think you need to manage the abov	e?
	, , ,	
26 What are	e some areas of difficulty for you?	
	e some of your favorite things to do and/or interests outside	6 1 10

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	What clubs, teams, and/or activities are you currently a part of outside of regular a ses?	cademi
 Q31 -	What are you most worried about in college?	
	Are you comfortable talking about and/or disclosing your diagnosis? Do you want y	
	Are you comfortable talking about and/or disclosing your diagnosis? Do you want your professors to know about your diagnosis?	your

	Have you participated in intervention/therapy/social skills classes, etc. in the conyou found helpful? If yes, please list them and describe.	nmunity
	Will any of the above therapies/interventions continue if you are enrolled in OYM he ones that might continue.	? Please
(35	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)				
O No (2)				
O 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