

**College of San Mateo**  
**Extended Opportunity Programs and Services**  
*Potential EOPS Student Profile Card - Community Agency*

Date: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Community Agency: \_\_\_\_\_

Gender: M F

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City Zip Code

Ethnicity: \_\_\_\_\_ Did one or both of your parents complete college? Y N

Have you attended college before? Y N If yes, how many units did you complete? \_\_\_\_\_

What major/career are you interested in? \_\_\_\_\_

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