

THE UNIVERSITY OF SOUTHERN MISSISSIPPI
CARIBBEAN STUDIES APPLICATION FORM
DEC. 30, 2009 – JAN. 14, 2010

Name (as it will appear on your passport) _____
Last First Middle

Age _____ Social Security No. _____ Male Female

Current Mailing Address _____ Phone () _____
Street

City State Zip E-mail _____

Permanent Address _____ Phone () _____
Street City State Zip

How did you hear about this program? _____

Presently enrolled at _____ Academic Major _____

Type of academic credit sought: Undergraduate Graduate Classification: Freshman Sophomore Junior Senior

Course and Professor: _____ Alternative Course _____
Course Name Professor's Name

Person to be notified in case of emergency:

Name _____ Relationship _____ Phone () _____

Address _____

- Check if you are a Southern Miss Honors College student.
- Check if you are requesting aid for this program.
- Check if you are eligible for a Southern Miss faculty dependent scholarship.
- Check if you are a Luckyday scholar.
- Check if you are a Golden Key member (No. _____)
- Check if you are applying for another Southern Miss study abroad program. Name: _____

GROUP FLIGHTS: Check departure city

- New Orleans, LA
- Check if you plan to originate in another city and connect with the group flight, indicate city name, and contact Magnolia Travel at 1.800.718.8817 for assistance. Students are responsible for any additional charges.
City _____
- Check if you wish to make independent flight arrangements. You must contact program director.

T-shirt size AS AM AL XL XXL XXXL

Roommate preference, if any _____

Tuition, Fees, Housing, Flight (from New Orleans/Minneapolis/Atlanta)

Undergraduate, 4 hours.....\$3,399 Graduate, 4 hours.....\$3,599

Method of payment: Check Money Order VISA MasterCard American Express Discover

If paying by credit card: Account Number _____ Exp. Date _____

Cardholder's Signature _____

Please return completed form and your \$200 nonrefundable deposit payable to Southern Miss Caribbean Studies Program, The University of Southern Mississippi, 118 College Drive #10047, Hattiesburg, MS 39406-0001. Phone 601.266.4344. Balance, less deposit, is due no later than **November 9, 2009**. Balance, less deposit, is refundable if cancellation occurs prior to **November 9, 2009**.

Make check payable to Southern Miss Caribbean Studies Program. Application Deadline is **November 2, 2009**.

If you are **not** currently enrolled at The University of Southern Mississippi, you must complete the reverse side of this application form and have the registrar of your university send official transcripts to Southern Miss Caribbean Studies Program, The University of Southern Mississippi, 118 College Drive #10047, Hattiesburg, MS 39406-0001.

NOTE: Currently enrolled Southern Miss students are not required to submit a transcript. Use this form, not SOAR, to register.
Deposits are not refundable unless you are refused acceptance to the program or your course is cancelled.
Final authority over enrollment rests with the Director of International Education and the program director.

CARIBBEAN STUDIES PROGRAM
APPLICATION FOR ADMISSION TO THE UNIVERSITY OF SOUTHERN MISSISSIPPI

(Complete if not currently enrolled at Southern Miss)
The University of Southern Mississippi, 118 College Drive #10047, Hattiesburg, MS 39406-0001

Personal Information

U.S. Social Security Number _____

Legal Name _____
Last/Family First Middle/Second Maiden/Birth Name

Country of Citizenship USA Other, Specify _____ If you are not a U.S. citizen, are you a permanent resident of the U.S.? Yes No

If yes, print your Alien Registration Number A- _____ (Please forward a copy of both sides of your Alien Registration Card.)

Are you of Spanish/Hispanic/Latino origin? Yes No

Please check one or more of the following: White Black or African American Asian
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Gender: Male Female Birth Date _____ Marital Status: Single Married Separated Divorced Widowed
(*This information is being asked for the purpose of data collection and will not be used in a discriminating manner.)

Permanent Phone (____) _____ Cell Phone (____) _____

Applicant's Email Address _____

Parent(s) Name(s) _____

Parent(s) Email Address _____

Are you a resident of Mississippi? Yes No Were you born in Mississippi? Yes No

Dates you lived in Mississippi? From birth to present Never From _____ to _____
If under 22 years of age, must claim residence of parents or guardian. If 22 years of age or older, must meet state of Mississippi residency law as stated in current Southern Miss Bulletin. An international applicant who is not a U.S. permanent resident may not be classified as a Mississippi resident.

Permanent Address _____

College Major Choice

Proposed Major _____

Applying for Term Beginning: (August) Fall 20____ (January) Spring 20____ (May) Summer 20____ Are you seeking a degree from USM? Yes No

I am in incoming: Freshman Transfer Student HS Student dual enrolled at USM 2nd B.A./B.S or Other Online Student only (not eligible for financial aid & not seeking a degree) Visiting Student

I plan to attend classes in: Hattiesburg Gulf Coast GCRL Study Abroad Extension Online Format

Education Background

High School from which you graduated or will graduate _____

High School location _____ Graduate Date _____
City State Month/Day/Year

- For high school applicants, an official high school transcript and proof of national ACT/SAT scores must be submitted before action can be taken on your application.

If you did not graduate from high school, did you earn a General Education Development (GED) diploma instead? Yes No

- Official documentation of your GED scores must be submitted before action can be taken on your application.

List all colleges and universities you have attended. An official transcript from each institution must be submitted before action can be taken on your application.

Please indicate clearly if you are presently enrolled.

Name of College/University	City/State	Credit Completed (# of credits)	From (mm/yy)	To (mm/yy)

*I hereby affirm that to the best of my knowledge all information furnished on this form is complete and accurate. I understand that withholding information requested may make me ineligible for admissions and enrollment. I agree that any records of my academic performance may be furnished to any high schools or institutions of higher learning that I have attended. I am eligible to return to the last college or university that I attended. **A separate Residence Hall application is required for Hattiesburg on-campus housing.** Completion of application for admissions DOES NOT include application for financial aid or scholarships. Separate forms must be filed.*

Applicant's Signature _____

Date _____