

**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**  
**CANADIAN SERVICE LEARNING APPLICATION FORM**  
**SPRING 2008 \* 8 MARCH – 18 MARCH**  
(Complete both sides if **not** currently enrolled at USM)

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

Social Security No. \_\_\_\_\_ Age \_\_\_\_\_  Male  Female

Current Mailing Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street  
City State Zip E-mail \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Street  
City State Zip

How did you learn about this program? \_\_\_\_\_

Presently enrolled at \_\_\_\_\_ Academic Major \_\_\_\_\_

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

Person to be notified in case of emergency:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_

- Check the following categories that apply to you:**
- I intend to apply for a guaranteed student loan for this program.
  - I qualify for a Southern Miss faculty dependent scholarship.
  - I intend to apply for another Southern Miss study abroad program. Name: \_\_\_\_\_
  - I am a Honors College student.
  - I am a Luckyday Scholar.

**Tuition, Fees, Housing, and Flight** (from New Orleans)  
 Undergraduate 3 hours.....\$1,399.00

Method of Payment: <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> VISA <input type="checkbox"/> Mastercard
If paying by VISA or Mastercard: Account Number _____ Exp. Date _____
Cardholder's Signature _____

Please return completed application form (both sides if **not** currently enrolled) along with a check for the \$200 deposit payable to: *Southern Miss Canadian Service Learning*, The University of Southern Mississippi, 118 College Drive Box 10047, Hattiesburg, MS 39406-0001. Checks should be designated '*For Deposit Only*.' The balance of fees, less deposit, is due no later than January 25, 2008. Applications accompanied by \$200.00 deposit will be accepted until January 18, 2008. Space is limited, so apply early!

**Make check payable to University of Southern Mississippi Canadian Service Learning**

USM students do not need to submit a transcript. Use this form and **not** SOAR to register. Enrollment is limited. Apply early. Final authority over enrollment rests with the Director of International Education and the Program Director.

**\*All students must have a valid passport to travel to Canada.**

**CANADIAN SERVICE LEARNING PROGRAM**  
**Application for Admission to The University of Southern Mississippi**  
**SUMMER 2008**

(Complete if not currently enrolled at Southern Miss)

Legal Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Male  Female Birth Date \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Present Mailing Address \_\_\_\_\_  
Street City State Zip Code

Last High School Attended \_\_\_\_\_ Location \_\_\_\_\_

H. S. Graduate:  Yes  No Graduation Date \_\_\_\_\_ GED Test:  Yes  No

U. S. Citizen:  Yes  No Date Residence Began \_\_\_\_\_ Immigrant:  Yes  No

I am applying for the term beginning: fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_  As an undergraduate  As a Graduate

Have you previously enrolled in course work at Southern Miss?  Yes  No  Date of Last Enrollment \_\_\_\_\_

If so, were you enrolled:  On campus  Correspondence  Extension  Resident Center  
 Study Abroad

Do you plan to work toward a degree at USM?  Yes  No

Proposed Major \_\_\_\_\_

List all colleges and universities you have ever 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 Institution	Attended from (Mo. & Yr.) to (Mo. & Yr.)	Degrees Received
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby affirm that to the best of my knowledge all information on this form is complete and accurate. I understand that withholding information requested and giving false information may make me ineligible for admission and enrollment. I agree that any records of my academic performance may be furnished by any institution of higher learning that I have attended. I am eligible to return to the last college that I have attended.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

FOR OFFICE USE ONLY				
ADM STATUS _____	TERM _____	BRANCH _____	CLASS _____	RACE _____
SEX _____	RES _____	BIRTHDAY _____	SCHOOL _____	
DATE REC _____	MAJOR _____	TR SCHOOL _____	RE-APP _____	
CITY _____	COUNTY _____	HIGH SCHOOL _____		
IMMIGRANT _____				