



**COSTA RICA 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 _____					

AA/EOE/ADA