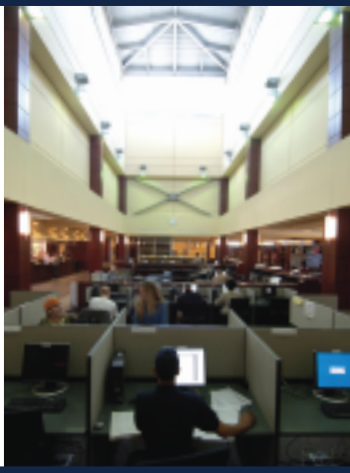


Undergraduate Application



One University Boulevard, Bluffton, SC 29909 | www.uscb.edu • 877.885.5271 • 843.208.8000 | 801 Carteret Street, Beaufort, SC 29902

UNIVERSITY OF SOUTH CAROLINA BEAUFORT



GETTING STARTED

Please complete this new student application clearly in black ink. Enclose your \$40 non-refundable application fee. Students previously enrolled at USCB should submit a Re-admission Application. Students who are not pursuing a baccalaureate degree or certificate should submit a Non-degree seeking application. All of these applications can be submitted on-line from www.uscb.edu/apply.

Entering Term/Year:

Spring 20 _____
 Summer I 20 _____

Summer II 20 _____
 Fall 20 _____

Student Status upon entry:

Freshman Concurrent
 Transfer (Simultaneously enrolled in High School and USCB)

CONTACT INFORMATION

LAST NAME	FIRST	MIDDLE	SUFFIX (JR. ETC.)	
MAIDEN / Any other name on record	DATE OF BIRTH (MONTH/DAY/YEAR)	AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS			
PERMANENT MAILING ADDRESS (All mail will be sent to this address)	CITY	STATE	ZIP	COUNTY
LOCAL MAILING ADDRESS (If different)	CITY	STATE	ZIP	
PERMANENT PHONE NUMBER	CELL PHONE NUMBER			

ETHNIC BACKGROUND

The information below will be used for statistical reporting only and will not be a factor in determining admission decisions. Response to this inquiry is optional.

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> White, not of Hispanic origin | <input type="checkbox"/> Black, not of Hispanic origin | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian or Alaskan native | <input type="checkbox"/> Asian or Pacific Islander | <input type="checkbox"/> Other |

Name of your parent, spouse, or closest relative:

LAST NAME	FIRST NAME	RELATIONSHIP	
ADDRESS OF PERSON LISTED ABOVE			
CITY	STATE	ZIP	PHONE

HIGH SCHOOL INFORMATION

Name of your high school _____
 City _____ State _____

Graduate ? Yes No Still Enrolled Date of (or anticipated date of) graduation? _____

If you are currently attending high school, list all courses you plan to take during your entire senior year.

COURSE	CREDIT	COURSE	CREDIT

ADDITIONAL INFORMATION

(This information is optional and does not affect admission decisions)

How did you learn about USCB? _____

What factors influenced you to apply to USCB? (Check all that apply)

- Affordable tuition Commuting convenience Availability of major USCB publications/website Athletic programs
 Small class size Close to home Visit to campus On-campus housing
- Referred by: USCB student USCB alumni High school counselor High school teacher Parents/family

Other _____

What other colleges or universities (if any) are you considering? _____

Do you plan to complete a bachelor's degree at USCB? Yes No

If you do not plan to complete your bachelor's degree at USCB, please explain your college plans: _____

Did your parents complete a bachelor's degree? Mother only Father only Both Neither

TESTING

ACT SAT Date taken _____ GED GED State _____ GED Year _____
(either the SAT or ACT is required)

COLLEGE INFORMATION

Have you taken any USC/USCB courses before? Yes No If yes, when? _____

Have you taken any college classes for credit or do you expect to attempt college classes for credit before entering USCB? Yes No

If yes, list the names and dates of attendance of all colleges, beginning with the earliest dates, whether or not you expect to transfer credit.

NAMES OF ALL COLLEGES	CITIES	FROM	TO

Are you eligible to return to your former institution? Yes No

Have you earned a baccalaureate degree? Yes No

DEGREE PROGRAMS

Please check the degree program you plan to pursue

- Biology
 Business Administration
 Management
 HR Management
 Saturday Degree Completion
 Education
 Early Childhood Education
 English
 History
 Hospitality Management
- Human Services
 Liberal Studies
 Security Studies
 Nursing
 RN to BSN
 4 year BSN program
 Psychology
 Spanish
 Heritage Studies

Are you also interested in a Pre-professional track?

- Pre-Dental
 Pre-Law
 Pre-Medical
 Pre-Veterinary
 Pre-Pharmacy

Undecided

Certificate program in _____

Other return-to-college programs for working professionals
Please indicate your preference

Military and Military Dependents Only

- Associate of Arts
 Associate of Science

RESIDENCY

Are you a citizen of the United States? Yes No

If No, are you a legal immigrant (permanent resident alien) of the United States Yes No

Resident Alien Number _____ Country of Citizenship _____

(Please submit a copy of your resident alien card)

Are you a legal resident of South Carolina? Yes No If so, length of time _____ years _____ months

Are you a legal resident of Bryan, Chatham, or Effingham County, GA? Yes No

If so, length of time _____ years _____ months

Are you active duty military or a veteran of the Armed Forces? Yes No If yes, which branch? _____

Dates of active duty from _____ until _____

Are you the dependent of an active duty military person? Yes No

(Active military and dependents please submit a copy of military orders for tuition purposes)

If you are under 25 years of age, please provide the following information:

City and state where parents reside: Mother: _____ Father: _____
CITY STATE CITY STATE

Who last claimed you as a dependent (exemption) on their federal tax return:

NAME CITY STATE TAX YEAR THIS PERSON CLAIMED YOU

CERTIFICATION AND SIGNATURE

I certify that all information provided in this application is complete and correct and I understand that any false information or omission of previous college attendance is cause for immediate cancellation of registration at the University of South Carolina Beaufort. I understand that the University may find it necessary to request additional information from previous colleges and schools concerning my record, and I grant permission to do so. I further understand that this application will provide necessary information to the USCB Scholarship Committee.

SIGNATURE

DATE

University of South Carolina System provides affirmative action and equal opportunity in education and employment for all qualified persons regardless of race, color, sex, national origin, age, disability or veteran status

NEXT STEP

Please mail this application with your \$40.00 application fee to
Office of Admissions, One University Boulevard, Bluffton, SC 29909.
Make checks payable to University of South Carolina Beaufort.

UNIVERSITY OF SOUTH CAROLINA BEAUFORT

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