



TRM _____	B.T. _____	STATUS _____
PRE. B.T. _____	CHRSC _____	CHRSE _____
CUM. GPR. _____	GPD _____	EARTRM _____
L. TERM REG. _____	SCH. CODE _____	
RESIDENCY _____	APP. FEE _____	
INITIALS _____	UPDATE _____	
INITIALS _____	UPDATE _____	

High School Dual Enrollment Application/State Residency/Citizenship Form

Please complete this form carefully and accurately. (Print in ink or type.)

Term Applied For: _____

1. Social Security Number: _____ - _____ - _____ Date of Birth: _____ City: _____ State: _____

2. Last Name: _____ First Name: _____ Middle: _____ Suffix: _____

3. Permanent Address: _____ City: _____ State: _____ Zip: _____

How long have you lived at this address? _____ If less than two years, please indicate your previous address and how long you lived there. Previous Address: _____ City: _____ State: _____ Zip: _____

Length of residence: _____ Years _____ Months

4. Permanent Phone: (_____) _____ Local Phone: (_____) _____

Email: _____

NOTE: Important University information will be sent to you at this email address. Please make sure it is personal, accurate, and reliable.

5. Ethnic Background: The University of South Carolina is required to collect information on the ethnic and racial composition of its student body and report this information to the U.S. Department of Education.

(a) Do you consider yourself to be of either Hispanic, Latino or of Spanish Origin? Yes No

(b) Please select one or more of the following groups with which you identify:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

6. Gender: Male Female

7. Name(s) of your parent(s) or guardian(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Have/Has your parent(s) or guardian(s) lived at the above address for two years or longer? _____ If no, please list their last address:

Previous Address: _____ City: _____ State: _____ Zip: _____

Length of residence: _____ Years _____ Months

8. Please list name and place of employment for your parent(s) or guardian(s).

(a) Name: _____ Employer: _____ City: _____ State: _____

Part-time _____ Full-time _____ Dates of employment: _____ to _____
(month/year) (month/year) or present

(b) Name: _____ Employer: _____ City: _____ State: _____

Part-time _____ Full-time _____ Dates of employment: _____ to _____
(month/year) (month/year) or present

9. Are you an active duty military dependent? Yes No

10. Are you a citizen of the United States? _____ If no, please give reason for being in the United States.

Country of origin: _____ Visa Classification: _____

11. Name of High School: _____

Dates of attendance at this high school: _____

Please complete the other side of this form and provide the necessary documentation.

Confidentiality Agreement for High School Students Taking Coursings Through USC Sumter

I give USC Sumter permission to release an unofficial copy of my USC academic record to my high school. Upon receiving my USC academic record, my high school has my permission to release a copy of my academic record to my parents or guardians and to put these records on my high school transcript.

The Office of Records and Registration at USC Sumter releases this student data with the understanding that it will be used only for the purpose for which it is requested and that it will be kept in such a way that it will not be accessible to unauthorized personnel. It is the policy of the University to protect the privacy of each student's academic record. Neither transcripts nor information about grades and indices will be released to any person or organization outside the University unless the student makes a written request.

I understand that the USC Sumter academic transcript, when no longer needed, is to be destroyed or erased so that it is no longer recognizable or returned to the Office of Records and Registration at USC Sumter to be destroyed.

USC Sumter Business Office Agreement

I hereby authorize the University of South Carolina Sumter to apply all available funds for payment of high school contract courses and to use any and all credit to apply against all current University charges.

I hereby certify that information given by me on this application is complete and accurate. I further understand that USC Sumter may need to obtain additional information from previous schools concerning my academic and conduct record and grant it permission to do so. I understand that if I have applied for or attended another USC campus or program, graduate or undergraduate, I am hereby requesting release from that campus or program.

My signature certifies my acceptance to the above statements.

Signature of Applicant

Date