

Bridge Program Enrollment Form

Last Name	Fir	rst Name	Mi	ddle Name
Preferred Nam	e Birth Date			
Mailing Address:				
-	Street address/Apartment # (if applicable)			
	City		State	Zip
Email Address:	It is important that you list your primary email address. Most uni address changes.	versity correspondence will be sent vi	a email. It will be your respo	onsibility to let us know if your email
Telephone #:				
	Home Number		Cell Number	
High School grad	duation date / GED completion date:			
Have you ever co	ompleted a USC-Columbia application?	Yes No		
Technical school	you are/will be attending:			
List All Colleges	Attended:	Dates of Attenda	ance: Fr	rom: To:
			moi	nth/year month/year
At the end of las	t semester, how many credits have you c	ompleted?		nth/year month/year nigh school senior, write N/A)
Anticipated num	ber of college credits before transferring			
Anticipated entr	y term at USC: (choose one) Summe	er 🔲 Fall 🔲 Spring		
Anticipated USC	major:(Choose one of our more than 80 majors at www.		ative College GPA	Year (If freshman or HS senior, mark N/A)
Are you intereste	ed in living on campus after transferring?	? Yes No		
REFERRAL INF				
	you are working with a specific technical college advisor v			
Name:		[Date:	
College:		ı	Phone:	

Return to:

Attn: Bridge Coordinator Office of Undergraduate Admissions University of South Carolina Columbia, SC 29208 www.sc.edu/bridge phone 803.777.7700 toll free 800.868.5872 fax 803.777.0101

admtrans@mailbox.sc.edu