



DUAL ENROLLMENT APPLICATION

_____/_____/_____
Applicant's Social Security Number

1. _____
Last Name First Name Middle Name Preferred Name

2. _____
Mailing Address City State Zip

3. Cell Phone: _____ - _____ - _____ Home/Parents Phone: _____ - _____ - _____

4. E-mail Address: _____

5. Birth Date: _____ Male () Female ()

6. Are you a legal resident of South Carolina? Yes () No () Uncertain () If you **are** a resident of South Carolina, provide information requested below.

Upon whom are you financially dependent? () Self () Parent () Legal Guardian () Other

Name and Address of whom you are financially dependent upon:

Name Mailing Address City State Zip

7. Have you, or the person upon whom you are dependent, been employed in South Carolina within the past 12 months? () Yes () No
If yes, complete employer information below.

Employer City / State / Zip Code

Dates: From to Full-time or Part-time Telephone Number

8. How long have you lived in South Carolina? _____ Year(s) _____ Month(s) **If less than 2 years, please list previous address and length of time.**

Street City State Zip Year(s) Month(s)

9. What is your county of residence in South Carolina? _____

10. Are you a citizen of the USA? () Yes () No () Foreign, permanent resident of the USA

11. Are you licensed to drive? () Yes () No If yes, write DL number here. _____

12. 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.

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

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

() American Indian or Alaskan Native () Black or African American () White () Asian () Native Hawaiian or other Pacific Islander

13. Emergency Contact: _____
Last Name First Name Middle

Relationship: _____ Contact Number: _____

14. Name of your High School: _____
City State Zip

15. I certify that all information provided in this application is complete and correct.

Student's Signature: _____ Date: _____