APPLICATIONS WILL BE ONLY ACCEPTED BY MAIL

Due Date for Fall 2017:
February 1, 2017
APPLICATION FOR ADMISSION

Applications will be accepted as of October 1, 2016 for program admittance for the 2017 fall semester. The deadline for application is February 1, 2017. All applications will be reviewed after this date. Applicants can expect notification of admission beginning April 15, 2017.

Note: Applications will not be considered unless ALL requested information is present at the time of review.

APPLICATION CHECKLIST:

Make sure you have included all of the following documents in your application packet before you submit your application.

___ CarolinaLIFE Student Application
___ USC Community Standards form;
___ Application for USC Undergraduate non-degree program;
___ $ 25.00 Application fee (Please make checks payable to University of South Carolina);
___ Copy of your last/current IEP;
___ Cognitive assessment/psychological evaluation with documented intellectual disability;
___ 3 Letters of recommendation (See letters of recommendation forms)
___ Immunization Form

Note: Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes as directed on the form. All materials submitted will be reviewed only by the CarolinaLIFE Acceptance Committee. Complete confidentiality is assured.

Please send all admission materials to:

CarolinaLIFE™
235C Wardlaw – College of Education
820 Main Street
Columbia, SC 29208
Phone: (803) 777-7664

*All application materials submitted will be destroyed immediately after final decisions are made for those students who are not accepted.

*Any admission materials sent directly to the university rather than the program office above may delay the admission process. Applications received by our office after the deadline cannot be guaranteed the opportunity to interview and be considered, although we will keep the information on file in the event there are remaining spaces.

____________________________________  ________________
Applicant’s Signature                     Date

____________________________________  ________________
Signature of Parent or Guardian (if applicable)  Date
Application for Admission Process

Admission to CarolinaLIFE™ Program is selective. Meeting basic requirements does not guarantee admission to the program.

I. Complete and send the application form
   - Contact CarolinaLIFE™ Program by email: or download an application packet from our website at http://www.sa.sc.edu/sds/carolinalife
   - Anthony Plotner: Program Director
     Plotner@mailbox.sc.edu
   - Mike Kelly: Assistant Director
     pmkelly@mailbox.sc.edu
   - Stephanie Edwards: Project Coordinator
     livesays@email.sc.edu
     803-777-6092

II. Submit the required documentation
   - Application for USC Undergraduate non-degree program (included in packet)
   - USC Community Standards form (included in packet)
   - $25.00 Application fee (Please make checks payable to University of South Carolina);
   - Copy of your last/current IEP;
   - Immunization form;
   - Cognitive assessment/psychological evaluation with documented intellectual disability; and
   - 3 Letters of recommendation

III. Upon receipt and verification of your application, the applicant may be contacted via email to schedule a personal interview and a writing sample.
   - Attend a personal interview
     1. In addition to submitting the required documentation, the candidates will interview with CarolinaLIFE™ Program Committee.
   - Participate in an on-site writing sample
     2. The candidates may be asked to participate in an on-site writing sample during the personal interview.

IV. Admission decision
   - After successful completion of the admission requirements, the applicant will receive a decision letter by mail. This letter will indicate if the applicant is accepted into the CarolinaLIFE™ Program. Decision will be released beginning April 1, 2017. Please do not call about the status of your application, as we will not be able to release admission decisions over the phone.
V. **Admission’s timeline**
   - Application Due: February 1, 2017
   - Interviews Scheduled by March 1, 2017
   - Decisions made by April 1, 2017

**LETTERS OF RECOMMENDATION**

Please submit 3 Letters of Recommendation from either employers or former teachers who have known the applicant for at least one year. The recommendations should address the following areas:

1. Education
2. Vocational/Employment
3. Community Involvement
4. Personal

Make 3 copies of the Letter of Recommendation Form and give one to each evaluator.

NOTE: Letters must be submitted using the Recommendation Forms in this packet and must be returned with the application packet in sealed envelopes with the evaluator’s signature across the flap.
LETTER OF RECOMMENDATION FORM

Recommendation for ____________________________ (applicant’s name)

You have been asked to recommend this applicant for admission to CarolinaLIFE™ Program at the University of South Carolina. CarolinaLIFE™ Program focuses on offering a college experience to individuals with intellectual disabilities that might otherwise not experience a college life. We believe that individuals with intellectual disabilities have the right to experience collegiate life in a way that is appropriate to meet their needs and advance their long-term goals. Students enrolled will be working on social, community living, vocational, and academic goals.

We would greatly appreciate your completion of this form at your earliest convenience. We cannot consider the applicant without this form. Attach additional pages as needed. The recommendations should address each of the following areas:

1. Education,
2. Vocational/Employment,
3. Community involvement,
4. Personal.

Please return this form to the applicant in a sealed envelope and sign across the seal. The applicant will submit all letters of recommendation as part of their completed Application Packet. Thank you for your assistance.

Recommender Information:

Last Name: ____________________  First Name: ____________________  Middle Initial: _____

Institutional Affiliation: ________________________________________________________

Address of Recommender:

Number and Street: ____________________  Apt. # ____________________

City: ____________________  State: ________  Zip Code: ______________

Telephone: ____________________  E-mail: ______________________________

1. How long have you know the applicant and in what capacity?
2. Please describe why you think the applicant would benefit from a postsecondary education experience.

3. Please provide your overall assessment of the applicant’s academic ability and promise. What do you consider to be the applicant’s strengths and challenges that will make him/her a good candidate for this program?
4. Are you aware of any disruptive or challenging behavior that might inhibit the applicants of other students learning experience?

5. CarolinaLIFE requires a level of independence for students and does not provide 24 hour support. Please rate the applicants independence level on a scale of 1 to 5 (5 indicating a high level of independence and 1 indicating the need for full assistance) based on what you know about the applicant.

   Safety: 1 2 3 4 5
   Comments:

   Independence: 1 2 3 4 5
   Comments:

   Challenging Behaviors: 1 2 3 4 5
   Comments:
TRANSCRIPT REQUEST FORM

To the applicant:
Use this form to request that a copy of your high school transcripts be sent to the CarolinaLIFE™ Program at University of South Carolina.

Please attach my transcripts for transmittal to CarolinaLIFE™ Program at University of South Carolina.

To the registrar/counseling office:
High School: _________________________________________________________
Number and Street: ____________________________________________________
City: _______________________ State: _________ Zip Code: ____________

Please forward one (1) official copy of my academic records to:
CarolinaLIFE™
Attn: Dr. Anthony Plotner
235C Wardlaw – College of Education
820 Main Street
Columbia, SC 29208
Phone: (803) 777-7664

*Any materials sent directly to the university rather than the program office above may delay the admission process.

Applicant’s Name _____________________________________________________
I last attended in: ________________________________ of __________________
Name on my records at that time was: _____________________________________
SSN# _____________________
Intended Field of Study at the University of South Carolina:__________________

Signature ___________________________ Date: ___________________
STUDENT INFORMATION

Last Name________________________________ First Name ___________________________ MI________

Home Phone ___________________________ Cell Phone ________________________________

Address ________________________________________________________________

City ___________________ State ___________ Zip Code _____________________________

Birth Date ______________ ** Social Security Number _____________________________

Email Address _________________________________________________________________

Is the applicant their own legal guardian? (Circle one) YES     NO

**Your SSN is confidential and under federal law it is protected and will not be disclosed to unauthorized parties. Disclosures may be authorized for the purpose of available financial aid, academic transcripts or accountability research.

This section is to be complete by the applicant only. It may include additional pages when completed. This questionnaire is used for assessment of each student’s writing skills, critical thinking skills and creativity.

1. Why do you want to attend the CarolinaLIFE program?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

2. What kind of job would you like upon graduation?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________
3. What do you do in your free time?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

4. What do you want to study in college?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

5. Is there anything you want to learn that you haven’t already in High School?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

6. What is your favorite hobby or sport?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

7. Do you spend time with friends outside of school? (circle one) YES  NO
If yes, what do you like to do with your friends?
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
Discuss two goals you have for your future upon completion of CarolinaLIFE.

1.

2.

Please use this space to provide us with any additional information about yourself that you wish to share.
FAMILY INFORMATION

Student lives with:

_________ Both Parents _________ Mother ________ Father ________ Guardian(s) ________ Other

Mother/Guardian

Last Name_________________________ First Name _______________________________ MI____
Home Phone _______________________ Cell Phone ______________________________
Address ________________________________________________________________
City ______________________________ State ___________ Zip Code _________________
Birth Date _________________________ ** Social Security Number __________________
Email Address ______________________

Father/Guardian

Last Name_________________________ First Name _______________________________ MI____
Home Phone _______________________ Cell Phone ______________________________
Address ________________________________________________________________
City ______________________________ State ___________ Zip Code _________________
Birth Date _________________________ ** Social Security Number __________________
Email Address ______________________

Siblings: (Name and Age)

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
### EDUCATION HISTORY

<table>
<thead>
<tr>
<th>School Level</th>
<th>Name and Location</th>
<th>Graduated? Degree?</th>
<th>Major/Emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
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<tr>
<td>College or University</td>
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<tr>
<td>Other Education</td>
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</tbody>
</table>

What are your academic strengths and weaknesses?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

How do you think you learn best? (Small groups, extra time, etc)

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

What would you like to learn in the following areas?

**Independent living:**

__________________________________________________________________________

**Employment:**

__________________________________________________________________________

**Social:**

__________________________________________________________________________
**EMPLOYMENT HISTORY**

<table>
<thead>
<tr>
<th>Company</th>
<th>Employer Name</th>
<th>Dates of Employment</th>
<th>Paid or Unpaid</th>
<th>Job Responsibilities</th>
<th>Reasons for leaving</th>
</tr>
</thead>
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</tbody>
</table>

*List three most recent jobs, if any

Do you currently volunteer? If yes, please give details

__________________________________________________________________________

__________________________________________________________________________

What work experiences do you have an interest in or enjoy most?

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
**HOUSING**

Are there any support needs, limitations, or related issues to housing? ________

If yes, please explain:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Students in the CarolinaLIFE program typically live in on-campus housing (with a residential mentor) and they can use the transportation system provided by USC. Are there any limitations, support needs, or related issues to public transportation? ________

If yes, please explain:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
MEDICAL HISTORY

Please give a brief description of your medical history including any disability diagnoses that you may have.
__________________________________________________________________________
__________________________________________________________________________

Please list any significant medical or physical conditions that may affect your participation in classroom, social, recreational activities on campus, including severe allergies.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Please list any current medications and indicate for what the medications are taken:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

NOTE: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. The University of South Carolina and CarolinaLIFE do not have the personnel or facility to administer medications. This capability is not included in any of the program’s or college’s services.

Do you currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Are you independent in self-care such as toileting and basic hygiene? ______________________________
If no, please list limitations:
__________________________________________________________________________
__________________________________________________________________________
RELEASE AND EXCHANGE OF INFORMATION FORM

The University of South Carolina treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. However, it may be necessary for our staff to exchange some information about you with the University of South Carolina faculty and staff in order to provide educational opportunities and experiences on and off campus. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated.

Name: ___________________________________________________________

I give my permission to exchange information about me with offices/individuals checked below:

___School District(s) _____________________________________________
___School Personnel _____________________________________________
___South Carolina Department of Vocational Rehabilitation Office
___USC Office of Student Disability Services
___Admissions Office
___Course Instructors
___Financial Aid Office
___Parents/Guardians
___Registrar’s Office
___Tutor/Mentor
___University housing
___USC Student Health Services
___Other (Specify) ________________________________________________

I, __________________________________________, agree as part of the application process, to waive my right to access the student recommendation form.

Signature ___________________________________________ Date: ________________

Witness ___________________________________________ Date: ________________
Non-Degree Application for Undergraduate Admission

Nonrefundable application fee: $25 (Make check payable to University of South Carolina.)
Write applicant’s name and last four digits of his or her Social Security Number on check or money order.
Mail payment and application to: Office of Undergraduate Admissions / University of South Carolina / Columbia, SC 29208

PLEASE PRINT CLEARLY IN BLACK INK:

Applicant’s Biographical Information

1. Applicant’s Social Security number:  
   [ ] [ ] [ ] [ ] [ ] [ ] [ ]
   (Your Social Security number is used for identification purposes only in a secure and confidential manner.)

2. Applicant’s date of birth:  month day year

3. Applicant’s gender:  [ ] Male   [ ] Female

Enrollment Plans

4. Term you expect to begin classes:  
   [ ] Fall ______(year)
   [ ] Spring ______(year)
   [ ] May Session ______(year)
   [ ] Summer I ______(year)
   [ ] Summer II ______(year)

5. Campus you expect to attend:  
   [ ] Columbia
   [ ] Fort Jackson

6. Check one of the following which best describes your present application (see the center insert for descriptions):
   [ ] military special   [ ] college graduate   [ ] audit   [ ] *transient
   [ ] other: ____________________________

   *IMPORTANT NOTE FOR TRANSIENT APPLICANTS: Please note all transient students must submit transient permission from their home institution before they can be considered for admission. This form is available online at www.sc.edu/admissions/admissionspdfs/transientform.pdf.

7. Why do you want to take courses at USC? (Be as specific as possible.)
   ____________________________
   ____________________________
   ____________________________

8. Name the specific courses you want to take at USC:
   ____________________________
   ____________________________
   ____________________________

9. Do you plan to continue your education at another college or university after taking these USC courses?  [ ] yes  [ ] no
   If yes, please name college ____________________________
   ____________________________
   ____________________________

Applicant’s Contact Information

10. legal last name ____________________________ legal first name ____________________________ legal middle name ____________________________ suffix - Jr, Sr, II, III, etc.

   preferred freename/nickname ____________________________ any other name on record ____________________________

11. permanent mailing address (all official mail will be sent to this address) ____________________________
    city ____________________________ state ____________________________ zip ____________________________
    county within S.C. ____________________________

   01/12
12. present address, if different  
city  
state  

13. Permanent phone  
area code  
number  
Cell/personal phone  
area code  
number  

E-mail address  
(at official e-mail communication will be sent to this address)  

14. Parent, guardian, or closest relative  

parent, guardian, or closest relative’s name  
relationship to you  

street address  
city  
state  
zip  

telephone (area code and number)  
e-mail address  

Your University Affiliation  

15. Are you, your spouse, or either of your parents USC faculty or staff members?  

☐ yes  ☐ no  

If yes,  
USC employee’s name and relationship  

16. Have you ever applied to take undergraduate courses at USC-Columbia?  

☐ yes  ☐ no  

If yes, for which semester did you apply?  

semester  
year  

17. If you attended USC, approximate date of your last USC course  

semester  
year  

Citizenship and Residency Information  

18. Indicate your citizenship status:  

☐ I am a U.S. citizen.  
☐ I am not a U.S. citizen.  
☐ I am a Permanent Resident Alien or Legal Immigrant  

resident alien number  

Country of citizenship  
Country of birth  

19. Do you claim legal residency in South Carolina for the purposes of in-state tuition?  

☐ yes  ☐ no  

Legal residents of South Carolina who do not complete the South Carolina Residency Certification Form will be classified as nonresidents and billed the nonresident tuition rate. Applicants claiming S.C. state residency who are later determined to be non-S.C. residents will be required to pay the difference between resident and nonresident tuition retroactive to the beginning of the semester in question. If you are uncertain about whether you qualify for S.C. resident status, visit the Bursar’s Office at www.sc.edu/bursar.  

If you do claim legal residency in South Carolina, how long have you been a resident of South Carolina?  

years  
months  

20. For Federal tax purposes, are you a dependent who is claimed by a family member as an exemption?  

☐ yes  ☐ no  

01/12
Ethnicity and Race

21. The University 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 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

Armed Services

22. Are you an honorably discharged veteran of the U.S. Armed forces? □ yes □ no
23. Are you or will you be on active duty in the U.S. Armed forces during the term for which you are applying? □ yes □ no
24. Are you a dependent of an active duty military person? □ yes □ no

REQUIRED FOR MILITARY SPECIAL APPLICANTS ONLY: By Base Education Officer

I certify that ____________________________________________ is on active duty with the Armed Forces of the United States.

__________________________________________
Date

__________________________________________
Signature of education officer

__________________________________________
Base or installation

Secondary School Information

25. Name of applicant’s high school __________________________________________________________________________
    school __________________________________________________________________________
    city __________________________________________________________________________
    state __________________________________________________________________________
    zip __________________________________________________________________________

    Dates of attendance __________________________________________________________________________
    to __________________________________________________________________________

    Did you graduate? □ yes □ no □ GED □ still enrolled

    Date of (or anticipated date of) graduation __________________________________________________________________________

College Information

26. Have you ever enrolled in any college courses, or do you expect to enroll in any before attending USC? This includes dual enrollment courses taken during high school. □ yes □ no

   If “yes,” list the names and dates of attendance of all colleges on the next page, beginning with the earliest dates. If you are presently enrolled, please list expected ending date of attendance at that institution.

   Names of all colleges
   Cities, states
   From To

   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________
   __________________________________________________________________________

27. Have you earned a baccalaureate degree? □ yes □ no

   If yes, please name college ____________________________________________

   01/12
28. Are you in good academic standing?  □ yes  □ no

29. Are you on suspension of any kind at your current or most recent institution?  □ yes  □ no

Community Standards

Good citizenship is an important aspect of becoming a member of the Carolina Community. Review of any infractions incurred will take place independently of your academic credentials evaluation.

30. Have you ever been disciplined for misconduct by any educational institution since the 9th grade? (Examples include: detention, suspension, or expulsion for such infractions as cheating/academic misconduct, possession or consumption of alcohol by a minor, class disruption, etc.)  □ yes  □ no

If yes, please explain: ___________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

31. Have you ever been arrested for or convicted of a violation of any local, state, or federal law, other than a minor traffic violation since the 9th grade, or are you currently facing an arrest or criminal charge?  □ yes  □ no

If yes, please explain: ___________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

After you submit your application, if you incur any disciplinary actions by an educational institution, or if you are arrested or incur any criminal charges, you must promptly report the event(s) in writing to: Attn: Disciplinary Review / USC Office of Undergraduate Admissions / 902 Sumter Street Access-Lieber College / Columbia, SC 29208.

Failure to do so is cause for denial or revocation of admission or cancellation of enrollment.

Signature

I certify that all information provided in this application is complete and correct. I understand that any falsely reported application information including but not limited to omission or misrepresentation of SAT or ACT scores, current or previous high school or college attendance, or current or previous behavioral or criminal infractions incurred since 9th grade, is cause for immediate denial or revocation of admission and cancellation of registration or enrollment at the University of South Carolina.

I understand that the University may find it necessary to request additional information from my current or previous colleges, schools, or testing services, or to conduct a criminal background check on me. I grant permission to my current or previous colleges, schools, and testing services to release information to the University of South Carolina, and I grant permission to the University to conduct a criminal background check at its sole discretion.

I understand that, in accordance with the SC Family Privacy Protection Act of 2002, the University only collects personal information that is necessary to fulfill its public responsibilities. I understand that, when authorized by law, the personal information I provide is subject to public scrutiny or release. I promise to uphold and abide by the University’s rules and regulations, including the Student Code of Conduct, the Honor Code, and the Carolinian Creed (www.sc.edu/academicintegrity).

Please print: _____________________________ legal last name   _____________________________ legal first name   _____________________________ middle initial

Applicant’s signature _____________________________ Date _____________________________

Mail payment and application to:

Office of Undergraduate Admissions
University of South Carolina
Columbia, SC 29208

01/12
Good citizenship is an important aspect of becoming a member of the Carolina Community. Review of any infractions incurred will take place independently of your academic credentials evaluation.

Name: ____________________________ Last 4 SSN ____________

Have you ever been disciplined for misconduct by any educational institution since the 9th grade? (Examples include: detention, suspension, or expulsion for such infractions as cheating/academic misconduct, possession or consumption of alcohol by a minor, class disruption, etc.)

☐ YES  ☐ NO

If “YES”, please elaborate:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Have you ever been arrested for or convicted of a violation of any local, state, or federal law, other than a minor traffic violation since the 9th grade, or are you currently facing an arrest or criminal charge?

☐ YES  ☐ NO

If “YES”, please elaborate:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

I understand that the University may find it necessary to request additional information from my current or previous colleges, schools, or testing services; or to conduct a criminal background check on me. I grant permission to my current or previous colleges, schools, and testing services to release information to the University of South Carolina, and I grant permission to the University to conduct a criminal background check at its sole discretion.

Signature: ____________________________ Date: ________________

After completing this form, please fax it to (803) 777-0101 or mail it to the following address:

USC Office of Undergraduate Admissions
902 Sumter St Access/Lieber College
Columbia, SC 29208/ATTN: Disciplinary Review

After you submit your application, if you incur any disciplinary actions by an educational institution, or if you are arrested or incur any criminal charges, you must promptly report the event(s) in writing to the USC Office of Undergraduate Admissions by fax or mail (listed above). Failure to do so is cause for denial or revocation of admission or cancellation of enrollment.
IMMUNIZATION RECORD FORM

Return this form by mail or fax to:
Thomson Student Health Center Allergy/Immunization Clinic
1408 Devine St. Columbia, SC 29208
For questions, email immunize@sc.edu or call 803-777-9511.
Fax: 803-777-3955

Enter all immunization dates online at My Health Space at www.sc.edu/myhealthspace before submitting this form.

PLEASE PRINT: To be completed by student.

Name ____________________________

Last First Middle

Address __________________________

Street/P.O. Box ____________________

City ___________________ State _______ ZIP _______ Country _______

Home Phone (_____) ____________ Cell Phone (_____) ____________ Email __________________

First term of enrollment (circle) Fall Spring Maymester Summer I Summer II Year 20 ______

Date of birth: mm/dd/yyyy 

Age at the time you will enter the University: ____________

Social Security # or ID number for internationals (REQUIRED): __________ - __________ - __________

☐ Freshman ☐ Transfer ☐ International student ☐ Distance education ☐ Other: ____________

Student signature ____________________________

SECTION A: REQUIRED IMMUNIZATIONS: Must be completed/signed by healthcare provider.

1. MMR (Measles, Mumps, Rubella): Two doses required for students born in 1957 or later.

☐ Dose 1 - Given at age 12 months or later Date of administration: mm/dd/yyyy

☐ Dose 2 - Given at least 28 days after the first dose Date of administration: mm/dd/yyyy

☐ Exemption: I was born before 1957 and am exempt from this requirement.

OR proof of positive MMR titer results. (Attach lab reports.)

2. Meningococcal vaccine: Required for all incoming students under 21 years of age.

Proof of receipt of a conjugate meningococcal vaccine (e.g. Menactra or Menevo) or a signed waiver declining the vaccine is required for all incoming students under 21 years of age. If it has been between 2 and 5 years since you received the Menomune vaccine, it is recommended you get the Menactra or Menevo vaccine. If it has been more than 5 years since you received any meningitis vaccine, you are required to get the Menactra or Menevo vaccine.

☐ Menactra Date of administration mm/dd/yyyy

☐ Menevo Date of administration mm/dd/yyyy

☐ Menomune Date of administration mm/dd/yyyy

I have read the CDC guideline page inserted in this document and understand the risks associated with meningococcal disease.

☐ Declined vaccination (signature required) ____________________________ Date: ____________
(SECTION A CONTINUED)

Name: ____________________________

Date of birth: ______/_____/__________

3. Tuberculosis (TB) screening questionnaire. (See page 3.)

Have you ever had a positive TB skin test? □ Yes □ No

Have you ever had close contact with anyone who was sick with TB? □ Yes □ No

Were you born in one of the countries listed below and arrived in the U.S. within the past 5 years? □ Yes □ No

If yes, please CIRCLE the country.

Have you traveled to a country listed below and stayed more than one month? □ Yes □ No

If yes, please CIRCLE the country.

If the answer is YES to any of the above screening questions, you must complete page 3. The University of South Carolina requires that students complete a tuberculosis risk assessment by a physician or healthcare facility if risk is noted on TB screening questionnaire.

Afghanistan  Côte d’Ivoire  Japan  Nicaragua  Sudan
Algeria  Croatia  Kazakhstan  Niger  Suriname
Angola  Democratic People’s Republic of Korea  Kenya  Nigeria  Swaziland
Argentina  Republican Republic of the Congo  Kiribati  Pakistan  Syrian Arab Republic
Armenia  Democratic Republic of the Congo  Kuwait  Palau  Tajikistan
Azerbaijan  Djibouti  Kyrgyzstan  Panama  Thailand
Bahrain  Dominican Republic  Lao People’s Democratic Republic  Papua New Guinea  The former Yugoslav Republic of Macedonia
Bangladesh  Djibouti  Latvia  Peru  Timor-Leste
Belarus  Equatorial Guinea  Liberia  Philippines  Togo
Benin  Eritrea  Libya  Portugal  Tunisia
Bhutan  Estonia  Libyan Arab Jamahiriya  Qatar  Turkey
Bolivia (Plurinational State of)  Ethiopia  Lithuania  Turkmenistan  Tuvalu
Bosnia and Herzegovina  Fiji  Madagascar  Uganda  United Republic of Tanzania
Botswana  Gabon  Malawi  United Kingdom  Vanuatu
Brazil  Gambia  Malaysia  United States of America  Venezuela (Bolivarian Republic of)
Brunei Darussalam  Georgia  Maldives  Viet Nam
Bulgaria  Ghana  Mali  Zambia
Burkina Faso  Guam  Marshall Islands  Zimbabwe
Burundi  Guatemala  Mauritania  Comoros
Cambodia  Guinea  Mauritius  Congo
Cameroon  Guinea-Bissau  Micronesia (Federated States of)  Central African Republic
Cape Verde  Guyana  Mongolia  Chad
Central African Republic  Haiti  Morocco  China
Chad  Honduras  Mozambique  Colombia
China  India  Myanmar  Comoros
Colombia  Indonesia  Namibia  Congo
Comoros  Iraq  Nepal  Sri Lanka

**TUBERCULOSIS (TB) RISK ASSESSMENT**
(Required if risk noted on TB screening questionnaire)

### PATIENT SECTION

<table>
<thead>
<tr>
<th>Condition</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent close contact with someone with infectious TB disease</td>
<td></td>
<td></td>
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<tr>
<td>Foreign-born from (or travel to/in) a high-prevalence area</td>
<td></td>
<td></td>
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<tr>
<td>Abnormal prior chest x-ray suggesting inactive or past TB disease</td>
<td></td>
<td></td>
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<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
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<tr>
<td>Organ transplant recipient</td>
<td></td>
<td></td>
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<tr>
<td>Immunosuppressed (equivalent of &gt;15 mg/day of prednisone for &gt;1 month)</td>
<td></td>
<td></td>
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<tr>
<td>History of illicit drug use</td>
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<tr>
<td>Resident, employee or volunteer in a high-risk congregate setting</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical condition associated with increased risk of progression to TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>disease if infected</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YES TO ANY QUESTION ABOVE, TB TESTING IS REQUIRED.**

### HEALTHCARE PROVIDER SECTION

If student has signs or symptoms of active TB, they must be treated and cured of TB before they can enroll at USC. A statement from the treating physician indicating treatment and cure is required. We will accept testing that has been done within the past 12 months.

**NOTE TO INTERNATIONAL STUDENTS:** Interferon Gamma Release Assay is offered on campus at Student Health Services. You may have this completed when you arrive to South Carolina.

**Tuberculin skin test (TST):** Result must be recorded as actual millimeters (mm) of induration, transverse diameter; if no induration, write “0.” The TST interpretation should be based on mm of induration as well as risk factors.

- **Date Given:**
  - **mm dd yyyy**
- **Date Read:**
  - **mm dd yyyy**
- **Result:**
  - Induration:
    - Negative
    - Positive

**Interferon Gamma Release Assay (IGRA):** Check the specific method:
- QFT-G
- TSPOT
- Other

- **Date Obtained:**
  - **mm dd yyyy**
- **Result:**
  - Negative
  - Positive
  - Indeterminate

**Chest x-ray:** Required if TST or IGRA is positive, or symptoms of active disease present. Attach a copy of the chest x-ray report to this document. We will accept a chest x-ray performed within the last three months.

- **Date of chest x-ray:**
  - **mm dd yyyy**
- **Result:**
  - Normal
  - Abnormal

**Sputum evaluation:** Required if symptoms of active TB disease are present. Attach a copy of the sputum report to this document.

- **Date performed:**
  - **mm dd yyyy**
- **Result:**
  - Normal
  - Abnormal

If TB test was positive, was INH prophylaxis completed? If so, dates:

- **mm dd yyyy**
- **mm dd yyyy**
SECTION B: OPTIONAL IMMUNIZATIONS

The following vaccines are strongly recommended, but are not currently required for admission. They are available through Student Health Services for a fee.

1. HPV (human papillomavirus):
   Dose #1: / / /   Dose #2: / / /   Dose #3: / / /

2. Hepatitis B:
   Dose #1: / / /   Dose #2: / / /   Dose #3: / / /

3. Tetanus and diphtheria:
   T-dap: / / /   or   Td: / / /

4. Hepatitis A:
   Dose #1: / / /   Dose #2: / / /

5. Varicella:
   Dose #1: / / /   Dose #2: / / /
   OR history of chicken pox: / / /
   OR attach titer results: / / /

6. IPV (inactivated poliovirus):
   Dose #1: / / /   Dose #2: / / /   Dose #3: / / /   Dose #4: / / /

Healthcare provider: (Signature or stamp required)

Name: ___________________________ Signature: ___________________________
(Please Print)

Address: ___________________________
   Street / P.O. Box   City   State   Zip Code

Phone: (___) _______________________ Date: _________________________

SECTION C: PARENTAL CONSENT (if student is under age 16)

I hereby authorize any medical treatment and/or counseling services for my son/daughter that may be advised or recommended by the healthcare providers and/or counselors at the University of South Carolina.

Parent Signature: ___________________________ Date: _________________________

SECTION D: IMMUNIZATION EXEMPTIONS

☐ This student is exempt from the above immunizations on grounds of permanent medical contraindication.
   Attach verification from healthcare provider.

☐ This student is temporarily exempt from the above immunizations until ___/___/____.
   Attach verification from healthcare provider.

☐ This student is exempt from the above immunizations on grounds of religious exemption.
   Attach verification by religious leader or health department.

Distance Learning Exemption
I declare by my signature that I will ONLY be enrolling in courses offered by distance learning and therefore will not be attending ANY classes on the University of South Carolina–Columbia campus. I understand that registering for a course offered on campus or at a University-owned or controlled facility voids this exemption, and I will be excluded from class until I provide proof of immunizations. This exemption must be requested for each new term of registration for off-campus courses.

Student/parent or guardian signature ___________________________