

D.E.F.I.N.E.

University of South Carolina Lancaster

Enrollment Form 2022-2023

Check One

New _____

Returning _____

Name: _____

Address: _____

Home #: _____ Work #: _____

Cell #: _____ Email: _____

Do you work? Yes _____ No _____

If so, where? _____

Work schedule? _____

Check one TRiO/OSP participant _____ Non-TRiO/OSP participant _____

_____ **YES**, I am interested in participating in **D.E.F.I.N.E.** I will attend monthly meetings and strive towards academic excellence and womanhood. I understand that my participation in **D.E.F.I.N.E.** is a serious commitment.

Signature _____

Date _____