

COASTAL CAROLINA UNIVERSITY

2010-2011 Application for Undergraduate Admission

Apply Now Online!

www.coastal.edu/admissions/index.html



Coastal Carolina University welcomes your application for admission. Please read the following instructions before completing the application.

Application Checklist:

- **Complete the Online Application** at www.coastal.edu/admissions/index.html or complete this application and mail to the address listed below.
- **Submit the \$45 Application Fee** (check, money order or credit card).
- **Submit Official SAT and/or ACT scores** (required for all freshmen and transfers with fewer than 24 semester credit hours of completed transfer coursework).
- **Submit Official High School Transcript(s)** (required for all freshmen and transfers with fewer than 24 semester credit hours of completed transfer coursework).
- **Submit Official College Transcript(s)** (transfers and second degree applicants are required to submit an official college transcript from each institution attended; freshmen are required to submit an official college transcript for all college courses completed while in high school). Only coursework completed at a regionally accredited college will be evaluated for transfer credit.
- **Residency Application for In-state Students.** Complete and mail page 4 if you are an in-state student. In-state students who fail to submit this form will be considered out-of-state students for tuition and fee purposes.
- **Home-Schooled Applicants** must submit the Declaration of Intent to Home School and a Home School high school transcript of all work completed with the certification of completion of coursework by the primary teacher.
- **Signature of a parent or legal guardian is required** for applicants under 18 years of age.

Mail the completed application to:

Coastal Carolina University, Office of Admissions, P.O. Box 261954, Conway, SC 29528-6054.

SAT - College Board Program	866-756-7346	www.collegeboard.com	CCU SAT Code: 5837
ACT - American College Testing	319-337-1313	www.act.org	CCU ACT Code: 3843

Application Date for Priority Consideration: December 1, 2009.

Completed applications received after Dec. 1, 2009, will be reviewed on a rolling basis until April 15. After April 15, applications will be reviewed on a space-available basis only.

For additional information contact the Coastal Carolina University Office of Admissions:

800-277-7000 or 843-349-2170 or admissions@coastal.edu or www.coastal.edu

Thank you for your interest in attending Coastal Carolina University. We will make every effort to assist you with your application process. Once your application is complete (submission of official transcripts and test scores), you should hear from us regarding your application within three weeks. Again, thank you for making Coastal Carolina University your choice.

Itemized Instructions

▶ Item 1 ABOUT YOU

- Select "Freshman" if you have not attended a regionally accredited college since you graduated from high school.
- Select "Transfer" if you have attended any regionally accredited college after high school graduation.
- Select "Re-apply" if you have previously submitted an application to Coastal Carolina University but did not enroll and have not attended another college.
- Select "Second Degree" if you have earned a baccalaureate degree and are interested in pursuing a second baccalaureate degree.

▶ Item 3 SOCIAL SECURITY NUMBER

- Please double check your Social Security number. An incorrect number will delay the processing of your application.
- This number will be used solely for the purposes of identification and ensuring accuracy in the processing of this application.

▶ Item 17 MAJOR

- All degree-seeking students must declare a major. Indicate one of the following choices on the application, Question 17.
- Please enter the code provided from the lists below.

BUSINESS ADMINISTRATION

- Accounting – ACC
 - Option: Certified Public Accountant – CPA
 - Option: Certified Management Accountant/ Certified Financial Manager – CMA/CFA
- Economics – ECON
- Finance – FIN
- Management – MGT
- Marketing – MKT
- Resort Tourism Management – RTOUR

NOTE: An option in Professional Golf Management is available for all majors in the Wall College of Business – PGMP

EDUCATION

- Early Childhood Education (PreK-3) – ECEDP
- Elementary Education (2-6) – ELEDP
- Middle Level Education (5-8) – MGED
- Special Education- Learning Disabilities (PreK-12) – SPED

Coastal Carolina University offers a graduate level Masters of Arts in Teaching (M.A.T.) program in the areas of:

Art	Social Studies	Science
French	English	Spanish
Music	Mathematics	

If you are interested in becoming a licensed teacher in any of these areas, you should first earn an undergraduate degree in that area of concentration. In your junior and senior years, you would be allowed to take three courses which can apply toward this degree. Contact the Spadoni College of Education at 843-349-2373 for more information.

HUMANITIES and FINE ARTS

- Art Studio – ARTS
- Communication – COMM
- Dramatic Arts – DRAM
- English – ENGL
- Graphic Design – GDES
- History – HIST
- Interdisciplinary Studies – INTSP (only for transfer applicants)
- Music – MUSIC
- Musical Theatre – MUSTH
- Philosophy – PHIL
- Political Science – PSCI
- Spanish – SPAN

NATURAL and APPLIED SCIENCES

- Biology – BIOL
- Chemistry – CHEM
- Computer Science – CSCI
- Dual Degree Engineering (3+2 Dual Degree Program with Clemson University) You must select one of the following Coastal Carolina University/Clemson dual majors:
 - Biology/Engineering – BIOE
 - Chemistry/Engineering – CHME
 - Computer Science/Engineering – CSCE
 - Mathematics/Engineering – MTHE
- Exercise and Sport Science – EXSS
- Health Promotion – HLPFR
- Information Systems – INFSY
- Marine Science – MSCI
- Mathematics (applied) – MATHA
- Physical Education (K-12) – PHED
- Physics (applied) – PHYS
- Psychology – PSYC
- Recreation and Sport Management – RSM
- Sociology – SOC

UNDECLARED

- Undeclared – UNUG

PRE-PROFESSIONAL MAJORS

- Pre-Allied Health/Biology – AH
- Pre-Dental/Biology – DT
- Pre-Law/Political Science – LW
- Pre-Medical/Biology – MD
- Pre-Nursing/Biology – NU
- Pre-Pharmacy/Biology – PH
- Pre-Physical Therapy/Biology – PT
- Pre-Veterinary/Biology – VT

▶ SAT Test Dates

Code: 5837
 October 10, 2009
 November 7, 2009
 December 5, 2009
 January 23, 2010
 March 13, 2010
 May 1, 2010
 June 5, 2010

▶ ACT Test Dates

Code: 3843
 September 12, 2009
 October 24, 2009
 December 12, 2009
 February 6, 2010
 April 10, 2010
 June 12, 2010

If you are admitted to the University and become a student here, any information on the application may be made public, with the exception of your Social Security number or Alien Registration number. If you wish to keep the information private, you must advise the University in writing. Forms are available in the Office of the Registrar.



Application for Undergraduate Admission, 2010-2011

A nonrefundable application fee of \$45 is required with this application.

THIS FORM WILL BE SCANNED. PLEASE PRINT IN BLACK INK INSIDE THE LINES.

1. **ABOUT YOU:** FRESHMAN TRANSFER RE-APPLY SECOND DEGREE

2. **TERM OF PROPOSED ENROLLMENT:** FALL SPRING MAYMESTER SUMMER I SUMMER II YEAR _____

3. **SOCIAL SECURITY NUMBER** _____ - _____ - _____

4. **NAME:** LAST NAME _____
FIRST NAME _____ MIDDLE NAME _____ SUFFIX (JR., III, IV) _____

5. **MAIDEN OR FORMER NAME USED AT OTHER COLLEGES** _____

6. **HOME/PERMANENT ADDRESS**
P.O. BOX, RFD, STREET _____
CITY _____ STATE _____ ZIP CODE _____ ZIP +FOUR _____
COUNTY _____

7. **HOME TELEPHONE** _____ **CELL TELEPHONE** _____

8. **E-MAIL ADDRESS** Please print clearly. _____

9. **I AM A SENIOR CITIZEN.** YES NO

10. **I AM AN INTERNATIONAL STUDENT.** YES NO I AM SEEKING AN F-1 STUDENT VISA. YES NO
COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____
I AM A PERMANENT RESIDENT OF THE UNITED STATES. YES NO ALIEN REGISTRATION NUMBER (include a copy of Green Card): _____

11. **DATE OF BIRTH** (mm/dd/yy) _____ 12. **GENDER** MALE FEMALE

13. **MILITARY VETERAN / ACTIVE MILITARY**
ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A MEMBER OF THE U.S. ARMED FORCES? YES NO
If YES, please check one of the following: Active duty Active reserve Reserve component Veteran
ARE YOU THE SPOUSE OR A DEPENDENT OF A FULL-TIME MEMBER OF THE U.S. ARMED FORCES? YES (SPOUSE) YES (DEPENDENT) NO
ARE YOU SEEKING READMISSION TO THE UNIVERSITY AFTER HAVING BEEN CALLED-UP TO ACTIVE MILITARY SERVICE THROUGH THE RESERVES OR DRAFTED BEFORE THE END OF YOUR LAST SEMESTER? YES NO

14. I PLAN TO ENROLL IN COASTAL CAROLINA UNIVERSITY'S ARMY ROTC PROGRAM? YES NO

15. **ETHNIC ORIGIN / RACE**
I AM HISPANIC OR LATIN? YES NO
WHAT IS YOUR RACE? Regardless of your answer to the previous question, please mark one or more races to indicate what you consider yourself to be.
 AMERICAN INDIAN OR ALASKA NATIVE ASIAN BLACK/AFRICAN AMERICAN NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER WHITE

16. **FAMILY CONTACT INFORMATION** (CHECK RELATIONSHIP TO YOU): PARENT SPOUSE GUARDIAN OTHER _____
LAST NAME _____ SUFFIX (JR., III, IV) _____
FIRST NAME _____ MIDDLE NAME _____
HOME/PERMANENT ADDRESS • P.O. BOX, RFD, STREET _____
CITY _____ STATE _____ ZIP CODE _____ ZIP +FOUR _____
TELEPHONES: HOME _____ WORK _____ CELL _____
E-MAIL ADDRESS • Please print neatly. _____

17. I PLAN TO LIVE: In University housing Off-campus
18. I PLAN TO ATTEND CLASSES: Full-time Part-time
19. PLEASE ENTER THE CODE GIVEN IN "ITEMIZED INSTRUCTIONS: ITEM 17 MAJOR"
- a. I plan to major in: _____ b. With an option in, if applicable: _____ c. Pre-Professional major, if applicable: _____
20. DO YOU LIVE IN SOUTH CAROLINA? Yes No
If YES, you must complete Page 4 of this application. If all questions are not answered completely, you will be considered an OUT-OF-STATE student for Tuition and Fee Purposes.

ACADEMIC HISTORY

21. HIGH SCHOOL FROM WHICH YOU WILL GRADUATE OR GRADUATED:
Name of high school _____
State _____ Years attended (yyyy to yyyy) _____ to _____ CEEB HS Code _____
High school graduation date: Month/Year (mm/yy) _____ or GED (mm/yy) _____ Issued in which state? _____
22. TESTS: Check tests you have taken or will take in the future (list test dates by month and year):
- SAT
Date 1 (mm/yy) _____ / _____ Date 2 (mm/yy) _____ / _____ Date 3 (mm/yy) _____ / _____ Date 4 (mm/yy) _____ / _____ Date 5 (mm/yy) _____ / _____
- ACT
Date 1 (mm/yy) _____ / _____ Date 2 (mm/yy) _____ / _____ Date 3 (mm/yy) _____ / _____ Date 4 (mm/yy) _____ / _____ Date 5 (mm/yy) _____ / _____
23. List all courses in which you plan to register and complete during your senior year in high school:

24. COLLEGES ATTENDED: Have you attended any college, either full-time or part-time, since graduation or taken any college-level courses while in high school?
If yes, please list below all colleges attended, current or most recent first, and ask the institution(s) to forward an official transcript of your work directly to Coastal Carolina University. The University may verify your previous attendance at all institutions through the National Student Clearinghouse.
- Name of school (full name) _____ State _____
Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____
- Name of school (full name) _____ State _____
Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____
- Name of school (full name) _____ State _____
Credits earned _____ Date entered (mm/yy) _____ / _____ Date leaving (mm/yy) _____ / _____

25. COLLEGE PLANS: Which one of the following best describes your current plans for your college education?
Admissions decisions are not based on your response; the information will be used in designing academic programs (check only one).
1. I plan to pursue a degree on a full-time basis and graduate within four or five years.
 2. I plan to pursue a degree on a part-time basis and graduate after five or more years.
 3. I plan to transfer to another institution at a later date.

26. I FIRST LEARNED ABOUT COASTAL CAROLINA UNIVERSITY FROM (check the most appropriate):
- A. A family member who graduated from Coastal Carolina University
Name _____
Relationship _____
- B. A family member who attended/currently attends Coastal Carolina University
 C. Alumnus referral
 D. A student currently attending Coastal Carolina University
 E. A Coastal Carolina University faculty or staff member referral
- F. Meeting an admissions counselor at a college fair
 G. A visit to campus
 H. A coach's referral
 I. I received a mailing from Coastal Carolina University
 J. The Coastal Carolina University Web site
 K. Vacation travel to Myrtle Beach
 L. Other. Specify: _____

27. PERSONAL HISTORY (check the activities you have participated in):

HONORS:

- | | |
|---|---|
| <input type="checkbox"/> 1. NHS | <input type="checkbox"/> 4. PTK |
| <input type="checkbox"/> 2. Boys State | <input type="checkbox"/> 5. Others: _____ |
| <input type="checkbox"/> 3. Girls State | _____ |

ATHLETICS:

- | | | | | |
|---|---|---------------------------------------|--|--|
| <input type="checkbox"/> BS. Baseball | <input type="checkbox"/> FH. Field Hockey | <input type="checkbox"/> SC. Soccer | <input type="checkbox"/> TK. Track | <input type="checkbox"/> OT. Others: _____ |
| <input type="checkbox"/> BB. Basketball | <input type="checkbox"/> FB. Football | <input type="checkbox"/> SB. Softball | <input type="checkbox"/> VB. Volleyball | _____ |
| <input type="checkbox"/> CH. Cheerleading | <input type="checkbox"/> GF. Golf | <input type="checkbox"/> SW. Swimming | <input type="checkbox"/> WR. Wrestling | _____ |
| <input type="checkbox"/> DV. Diving | <input type="checkbox"/> LC. LaCrosse | <input type="checkbox"/> TN. Tennis | <input type="checkbox"/> CC. Cross Country | _____ |

Effective June 1, 2009, Coastal Carolina University will not permit Registered Sex Offenders to enroll in classes or participate in campus activities. Additionally, failure to disclose registration shall result in immediate expulsion and revocation of any privileges as a student.

28. COMMUNITY STANDARDS

In an effort to maintain a safe learning community, we must ask the following questions of all applicants. We cannot review your application for admission unless you answer these questions and provide the required documentation. Your "yes" answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate and truthful information will be grounds to deny or withdraw your admission or to dismiss you after enrollment. For the purpose of the following questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic-related.

If you answer "yes" to questions 1, 2, 3, 4, 5 or 6 below, you are required to provide your own written explanation of the event(s) and a statement from your legal representative summarizing the event(s) and the final disposition of your case. If you are/were not represented by legal counsel in connection with the event(s), in addition to your own written explanation, you must provide court records summarizing the event(s) and the final disposition of your case. Print your full name at the top of each page, and date and sign each page. All documentation must be mailed to the Office of Admissions.

1. Yes No Have you been convicted of a crime as an adult or juvenile?
2. Yes No Have you entered a plea of guilty, a plea of no contest, a plea of "nolo contendere," an Alford plea, or a plea of delinquency in juvenile court, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?
3. Yes No Have you otherwise accepted responsibility for the commission of a crime or entered a pre-trial/diversion program?
4. Yes No Do you have any criminal charges pending against you?
5. Yes No Have you ever been suspended (out-of-school), expelled, placed on disciplinary probation by any college or university? This may include, but is not limited to, academic cheating, conduct violations or alcohol policy infractions. If you answer "yes," you are required to attach a statement from an appropriate school official corroborating your summary of the event in addition to your own explanation of the event.
6. Yes No If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? If you have not served in the military, respond "No."

Written statement (required for all "yes" responses):

29. If you have been separated from high school or college for more than six months or one term, please explain how you have been using your time.

30. APPLICATION AGREEMENT

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omissions or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I agree to inform the Office of Admissions, in writing, of any change in my plans to attend the University and any change to my responses to questions on this application. I understand that if I discontinue my enrollment in a major term at Coastal Carolina University at any time, I must submit a new application by the appropriate deadline. I also understand that the provision of my Social Security number and my ethnic/racial origin are not required to be considered for admission to the University.

My signature below is my promise that, should I enroll at Coastal Carolina University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibilities as outlined in the University's Student Handbook. A copy of the handbook can be found at www.coastal.edu/students/StudentHandbook.pdf. Failure to truthfully disclose information may subject you to immediate expulsion.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____
 (if applicant is under 18 years of age)

APPLICATION FEE: Credit card authorization for payment of the application fee (Complete this section only if you are paying the application fee by credit card. Please PRINT clearly.)

I authorize the use of my credit card account. AMOUNT: \$ _____

Name (as it appears on credit card) _____

Signature _____ Daytime telephone (_____) _____

16-digit Credit Card Number _____ - _____ - _____ - _____ Expiration date _____ - _____ - _____

3-digit V-code _____ (V-Code is located in the signature line and is the last three numbers on the reverse side of your credit card.)

Please check the appropriate card: MasterCard Visa Discover American Express

Residency Information

If you live in South Carolina, the following questions must be answered completely; otherwise, you will be considered an OUT-OF-STATE student for tuition and fee purposes.

Coastal Carolina University is required under South Carolina Law 59-112 to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residency status. Additional information may be requested if further clarification is needed.

PART A. STUDENT BACKGROUND

LAST NAME _____ SOCIAL SECURITY NUMBER _____

FIRST NAME _____

HOME TELEPHONE (_____) _____ CELL TELEPHONE (_____) _____

PERMANENT ADDRESS

P.O. BOX, RFD, STREET _____

CITY _____ STATE _____ ZIP CODE _____ ZIP+FOUR _____

LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE MOST CURRENT ADDRESS.

ADDRESS _____

CITY _____ STATE _____ Dates: From (mm/yy) _____ To (mm/yy) _____

PART B. RESIDENCY ISSUES • If the following questions are not completely answered, you will be considered an OUT-OF-STATE student for tuition and fee purposes.

IF YOU ARE A CURRENT HIGH SCHOOL STUDENT OR A DEPENDENT OF A PARENT OR GUARDIAN, ENTER THE PARENT/GUARDIAN'S INFORMATION IN THE QUESTIONS BELOW.

IF YOU ARE AN INDEPENDENT PERSON (as defined below), ENTER YOUR INFORMATION IN THE QUESTIONS BELOW. An independent person is defined as a person who will provide more than half of their own financial support for the twelve months immediately preceding the year of their enrollment or re-enrollment. An independent person will not be claimed as a dependent or exemption on anyone's federal income tax return the year of their enrollment or re-enrollment.

LAST NAME _____

FIRST NAME _____ RELATIONSHIP _____

a. HOW LONG HAS THIS INDIVIDUAL RESIDED IN SOUTH CAROLINA? Years _____ Months _____

b. LIST ALL ADDRESSES WHERE THIS INDIVIDUAL HAS LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE CURRENT ADDRESS.

ADDRESS _____

CITY _____ STATE _____ Dates: From (mm/yy) _____ To (mm/yy) _____

ADDRESS _____

CITY _____ STATE _____ Dates: From (mm/yy) _____ To (mm/yy) _____

c. IF THIS INDIVIDUAL MOVED TO SOUTH CAROLINA WITHIN THE PAST FIVE YEARS, WHAT PROMPTED HIS/HER MOVE TO THIS STATE?

Education Employment Other - specify _____

d. PREVIOUS STATE OR COUNTRY OF RESIDENCE _____

e. DRIVER'S LICENSE: State _____ Date issued (mm/yy) _____ This is (check one): New Renewed Expiration date (mm/yy) _____

Vehicle registration: State _____ Date issued (mm/yy) _____ Active voter's registration: State _____ Date issued (mm/yy) _____

f. HAS THIS INDIVIDUAL BEEN EMPLOYED IN SOUTH CAROLINA WITHIN THE PAST 12 MONTHS? Yes No If yes, list employer's information:

Dates: From (mm/yy) _____ To (mm/yy) _____ Employer _____

Full-time or Part-time City _____ State _____ Telephone (_____) _____

IF CLAIM FOR IN-STATE TUITION IS BASED UPON ACTIVE MILITARY ASSIGNMENT IN SOUTH CAROLINA, COMPLETE THE FOLLOWING INFORMATION. DOCUMENTATION VERIFYING MILITARY ASSIGNMENT MUST BE SUBMITTED TO THE OFFICE OF ADMISSIONS.

Person on active duty in service: Self Spouse Parent / Guardian

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to disqualification of my application for admission to Coastal Carolina University.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____
(if applicant is under 18 years of age)

COASTAL CAROLINA UNIVERSITY

Guidance Counselor Recommendation Form (for freshmen only)

Instructions: Please attach the applicant's official transcript, including courses in progress, and, if available, a school profile and transcript legend. Then mail the application, application fee and transcript to: Coastal Carolina University, Office of Admissions, P.O. Box 261954, Conway, SC 29528-6054.

Student's name _____

Cumulative grade point average _____ on a scale of _____

Rank _____ in a class of _____ Rank is estimated computed

▶ SAT I SCORES

Date taken _____

Verbal _____ Math _____ Writing _____ Total _____

Date taken _____

Verbal _____ Math _____ Writing _____ Total _____

▶ ACT SCORES

Date taken _____ Composite _____

Date taken _____ Composite _____

▶ GRADING SCALE

(i.e., A = 90 to 100)

A = _____

B = _____

C = _____

D = _____

Will Graduate

Withdrew (Date _____)

Graduated (Year _____)

If this student is a South Carolina resident, will the student have completed upon graduation the CHE high school course prerequisites for applicants to South Carolina public colleges and universities? Yes No N/A

Comments and recommendations: Below School policy precludes any recommendations

RECOMMENDATION:

Highly Recommended

Recommend

Recommended with Reservations

Do Not Recommend

Name of school (please print or type) _____

Counselor's name _____

Position _____

Office telephone (_____) _____

E-mail address _____

Date _____ CEEB/ACT School Code

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