Coastal Carolina University

Application for Undergraduate Admission

Apply online!
coastal.edu/admissions/apply.html
Thank you for your interest in Coastal Carolina University. Once your application is complete (submission of official transcripts and test scores), you should hear from us regarding your application in approximately three weeks. We will make every effort to assist you with the application process.

- Application Date for Priority Consideration: December 1
- Completed applications received after December 1 will be reviewed on a rolling basis until April 15.
- After April 15 applications will be reviewed on a space available basis only.

Application Checklist and Instructions
To ensure your application is processed quickly and accurately, please make sure you:

1. Submit the $45 application fee (check or credit card). We prefer that you apply online at coastal.edu/admissions/apply.html.
2. Complete the Residency Information page if you are an in-state student.
3. Submit official high school transcript(s) and SAT or ACT scores (for all freshmen and transfers with fewer than 24 transferable credit hours).
4. Submit official college transcripts (transfer and second degree applicants are required to submit an official transcript from each institution attended; freshmen are required to submit an official college transcript for all college courses completed in high school).
5. Home schooled applicants must also 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 course work by the primary teacher.

► Item 1 ABOUT YOU
a. Select “Freshman” if you have not attended a regionally accredited college since you graduated from high school.
b. Select “Transfer” if you have attended any regionally accredited college after high school graduation.
c. Select “Second Degree” if you have earned a baccalaureate degree and are interested in pursuing a second baccalaureate degree.

► Item 20
All degree-seeking students must declare a major. Please enter the code provided from the list on the back page of this application.

SAT Test Dates
collegeboard.com
Code: 5837

ACT Test Dates
act.org
Code: 3843

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.

Federal law recognizes the student Social Security Number (SSN) as personally identifiable information under the Family Education Rights and Privacy Act of 1974 (FERPA). However, the law permits Coastal Carolina University to request and use this information in compliance with state and federal guidelines. You are not required to provide an SSN to be considered for admission, but you are strongly encouraged to do so, if you have one. Providing an SSN will assist with matching records to your application, such as transcripts and test scores. NOTE: An SSN is required to apply for financial aid. If you plan to apply for financial aid, you are encouraged to provide your SSN on your admissions application to assist with financial aid processing later. Providing your accurate Social Security Number will also help with citizenship verification.
1. ABOUT YOU:  □ Freshman  □ Transfer  □ Second Degree

2. TERM OF PROPOSED ENROLLMENT:  □ Fall  □ Spring  □ Maymester  □ Summer I  □ Summer II  YEAR __________

3. SOCIAL SECURITY NUMBER __________________ – _________ – ___________ (Required for U.S. Citizens or Permanent Residents applying for financial aid.)

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 ____________________

   Is your mailing address the same as your permanent address?  □ Yes  □ No

   Mailing address if different than home/permanent address above.
   P.O. Box, RFD, Street ________________________________________________________________
   City ______________________ State _______ Zip code __________ Zip +four __________
   County ____________________

7. HOME TELEPHONE ( __________ ) ____________________________  CELL TELEPHONE ( __________ ) ____________________________

   □ I give permission to Coastal Carolina University to send me important updates via text messaging. (Standard message rates and charges apply.)

8. EMAIL ADDRESS Please print neatly. ____________________________________________________________

9. WILL YOU BE 22 OR OLDER WHEN YOU START CLASSES?  □ Yes  □ No  I AM A SENIOR CITIZEN.  □ Yes  □ No

10. I AM AN INTERNATIONAL STUDENT.  □ Yes  □ No  If you selected “Yes”, please stop working on this application and complete our Application for International Undergraduate Admission instead. You can find the online version of the Application for International Undergraduate Admission at coastal.edu/admissions/apply.html. You will also find a link to print a paper version of the International Undergraduate Application.

   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 Latino.  □ 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 __________________________

Email address (Please print neatly): __________________________

17. **I PLAN TO LIVE**: □ In University Housing □ Off-campus, Non-University Housing **NOTE:** First-year freshmen are required to live on campus.

18. **I PLAN TO ATTEND CLASSES**: □ Full-time □ Part-time

19. **ARE YOU INTERESTED IN PURSUING AN ACCELERATED DEGREE PROGRAM?** □ Yes □ No

You can obtain more information regarding accelerated degree programs by visiting coastal.edu/accelerate.

20. **PLEASE ENTER THE MAJOR CODE** (located on page 6 of this application):

a. I plan to major in: ____________________________

b. Specialization, if applicable: ____________________________

c. Pre-Professional major, if applicable: ____________________________

21. **DO YOU CLAIM RESIDENCY IN SOUTH CAROLINA FOR PURPOSES OF IN-STATE TUITION?** □ Yes □ No

Complete the Dependent Residency Information Form on page 5 if you RECEIVE more than half our your support from a parent, guardian or spouse.

Complete the Independent Residency Information Form on page 6 if you PROVIDE more than half of your support and you will NOT be claimed as a dependent or exemption on the income tax return of a parent, guardian or spouse.

If all questions are not answered completely, you will be considered an OUT-OF-STATE student for Tuition and Fee Purposes.

**ACADEMIC HISTORY**

22. **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? ______

23. **TESTS:** Check tests you have taken or will take in the future (list test dates by month and year). Are you applying with an SAT/ACT Fee Waiver? □ Yes □ No

□ 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) ______ / ______

24. **LIST ALL COURSES IN WHICH YOU PLAN TO REGISTER AND COMPLETE DURING YOUR SENIOR YEAR IN HIGH SCHOOL:**

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

25. **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 _____________

Have you earned an Associate of Arts or an Associate in Science degree? □ Yes □ No

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) ______ / ______

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 website

□ K. Vacation travel to Myrtle Beach

□ L. Other. Specify: ____________________________
27. **PERSONAL HISTORY** (check the activities you have participated in):

| CLUBS:     |                          |                          |                          |                          |                          |
|-----------|---------------------------|---------------------------|---------------------------|---------------------------|
| A. 4-H    | F. Dance                  | K. Forensics             | P. Newspaper             | U. ROTC                   |
| B. Band   | G. Debate                 | L. FTA                   | Q. Science Club          | V. Other:                 |
| C. Beta Club | H. Drama Club            | M. Key Club             | R. Scouts                |                          |
| D. Choir  | I. FBLA                   | N. Keyette Club         | S. Student Government    |                          |
| E. Church Youth | J. Foreign Language | O. Math Club            | T. Yearbook              |                          |

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<thead>
<tr>
<th>HONORS:</th>
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<tbody>
<tr>
<td>1. Boys State</td>
<td>4. Girl Scouts Silver</td>
<td>7. Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Eagle Scouts</td>
<td>5. Girls State</td>
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<table>
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<tr>
<th>ATHLETICS:</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>BS. Baseball</td>
<td>DV. Diving</td>
<td>LC. Lacrosse</td>
<td>TN. Tennis</td>
<td>OT. Others:</td>
</tr>
<tr>
<td>BB. Basketball</td>
<td>FH. Field Hockey</td>
<td>SC. Soccer</td>
<td>TK. Track</td>
<td></td>
</tr>
<tr>
<td>CH. Cheerleader</td>
<td>FB. Football</td>
<td>SB. Softball</td>
<td>VB. Volleyball</td>
<td></td>
</tr>
<tr>
<td>CC. Cross Country</td>
<td>GF. Golf</td>
<td>SW. Swimming</td>
<td>WR. Wrestling</td>
<td></td>
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</table>

28. **COMMUNITY STANDARDS**

All applicants are required to complete responses to a series of community standards questions on the application for admission. Responses to these questions are initially reviewed by the Office of Admissions and some cases are referred to the Community Standards Committee for review. An applicant must be approved by the community standards review process prior to being admitted to the University. This community standards review process supports the University's goal of maintaining a safe learning community. Failure to submit complete responses and/or falsification of responses may result in revocation of the admission decision or dismissal if the student presents false information or an incomplete response is discovered after enrollment. Any incident resulting in any change to a community standards question subsequent to the application must be immediately reported by the applicant to the Office of Admissions in writing. Failure to do so may result in the revocation of the admission decision or dismissal of the applicant after enrollment. In addition, registered sex offenders are not allowed to enroll in classes or participate in campus activities. Failure to disclose registration at any time shall result in immediate dismissal.

If you answer "yes" to any of the questions below, you are required to provide your own written explanation of the event(s) and a copy of the police incident and arrest report and/or a statement from an appropriate official 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 also 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.

If you answer "yes" to any of the questions below, you are required to provide your own written explanation of the event(s) and a copy of the police incident and arrest report and/or a statement from an appropriate official 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.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tr>
<td>Have you been adjudicated, processed, involved in pretrial diversion or entered into a contract through juvenile court, or arrested without a conviction in which the record has not been expunged?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever been pardoned in any court? If so, please provide details as to the crime and conviction in which the record has not been expunged.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever entered into any pretrial diversion program as an adult in which the record has not been expunged?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you been convicted of a crime as an adult or juvenile?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>Have you entered a plea of guilty, a plea of no contest, a plea of &quot;nolo contendere,&quot; 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?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you otherwise accepted responsibility for the commission of a crime or entered a pre-trial/diversion program?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Do you have any criminal charges pending against you?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Have you ever been assigned or received out-of-school suspension (OSS) or been expelled from high school, or placed on disciplinary probation or suspension by any college or university? This may include, but is not limited to, academic cheating, conduct violations, or alcohol policy infractions. If you answer &quot;yes,&quot; 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.</td>
<td>Yes</td>
<td>No</td>
</tr>
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Wrote statement (required for all "yes" responses):

<table>
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<tr>
<th>Written statement</th>
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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.**

<table>
<thead>
<tr>
<th>Time period</th>
<th>Activities</th>
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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 ethnicity/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 coastal.edu/deanofstudents. 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)

(Rev. September 2014)

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: $________________

Please check the appropriate card: □ MasterCard □ Visa □ Discover □ American Express

Name (as it appears on credit card) ____________________________________________________________

Signature ___________________________________________ Daytime telephone (__________) _________________

16-digit Credit Card Number _____________________ –_____________________ –____________________–____________________ Expiration date _________ / ____________

Residents of the State of South Carolina are required to complete ONE of the residency information forms on page five (5) or six (6) of this application. If you do not provide this information, you will be classified as an out-of-state student for tuition and fee purposes.
**DEPENDENT - RESIDENCY INFORMATION FORM**

Applicants who claim South Carolina residence for tuition and fee purposes must complete this form in its entirety. Additional information may be requested per SC Law 59-112. South Carolina residency requirements may be found online at che.sc.gov.

### Student Information

Name of student ____________________________________________________________________________

Social Security Number or CCU ID ____________________________________________________________________________

Age _____________ Date of birth (mm/dd/yy) __________ / __________ / __________ City and State of birth ____________________________________________________________________________

### Residency Information

You have indicated that you are a current high school student or a dependent of a parent or guardian; please enter your parent/guardian's information below. A dependent student is defined as one who will receive more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment from a parent, guardian or spouse and will be claimed as a dependent or exemption on that individual's income tax returns.

WITH WHOM DO YOU RESIDE?  
☐ Self  ☐ Both parents  ☐ Father  ☐ Mother  ☐ Other ________________________________________

WHO CLAIMS YOU FOR FEDERAL INCOME TAX PURPOSES?  
☐ Self  ☐ Both parents  ☐ Father  ☐ Mother  ☐ Other ________________________________________

PARENT’S MARITAL STATUS:  
☐ Single/never married  ☐ Married  ☐ Divorced/separated  ☐ Widowed  ☐ Re-married

IF PARENTS ARE DIVORCED OR SEPARATED, WHO IS THE CUSTODIAL PARENT?  
☐ Not applicable  ☐ Father  ☐ Mother  ☐ Shared custody

---

**NAME OF PERSON WHO PROVIDES THE MAJORITY OF YOUR FINANCIAL SUPPORT?**

<table>
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<tr>
<th>First name</th>
<th>Last name</th>
<th>Relationship</th>
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</table>

CITIZENSHIP:  
☐ U.S. citizen  ☐ Permanent Resident  ☐ Not a U.S. Citizen or Permanent Resident

HOW LONG HAS PARENT/GUARDIAN RESIDED IN SOUTH CAROLINA?  
Years _____________ Months _____________

ADDRESS (Street, City, State, Zip code) ____________________________________________________________________________

DRIVER’S LICENSE:  
State _________ Date issued _____________ ☐ New (first issued) ☐ Renewed Expiration date (mm/dd/yy) _____________

VEHICLE REGISTRATION:  
State _________ Date issued _____________ ☐ New (first issued) ☐ Renewed Purchase date (mm/dd/yy) _____________

IF YOUR PARENT/GUARDIAN RELOCATED TO SOUTH CAROLINA, WHAT WAS THE PREVIOUS STATE OF RESIDENCE?  
__________________________

EMPLOYMENT STATUS:  
☐ Full-time  ☐ Part-time  ☐ Unemployed  ☐ Retired  ☐ Disabled

Employer name ____________________________________________________________________________ Telephone ( ________ ) _____________

Employer address ____________________________________________________________________________

Employment Dates:  
From (mm/yy) _____________ / _____________ To (mm/yy) _____________ / _____________

IF YOUR CLAIM TO SOUTH CAROLINA RESIDENT STATUS IS BASED UPON ACTIVE MILITARY ASSIGNMENT TO THE STATE, PLEASE SUBMIT A COPY OF CURRENT ORDERS TO THE OFFICE OF ADMISSIONS.

Branch of Service:  
☐ USAF  ☐ USA  ☐ USN  ☐ USMC  ☐ USCG Home of record on L.E.S ____________________________________________________________________________

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 the disqualification of my application for admission to Coastal Carolina University.

Signature of parent/guardian ____________________________________________________________________________ Date _____________

---

Office of Admissions – Residency  
Coastal Carolina University • P.O. Box 261954 • Conway, SC 29528-6054 • 843-349-2170 or 1-800-277-7000 • 843-349-2127 FAX

scresidency@coastal.edu • coastal.edu/admissions/residency
INDEPENDENT - RESIDENCY INFORMATION FORM

Applicants who claim South Carolina residency for tuition and fee purposes must complete this form in its entirety. Additional information may be requested per SC Law 59-112. South Carolina residency requirements may be found online at che.sc.gov.

Student Information

Name of student ________________________________________________________________________________________________________________________________

Social Security Number or CCU ID _______________________________________________________________

Age _____________ Date of birth (mm/dd/yy) _______ / _______ / __________ City and State of birth ____________________________________________________________

Residency Information

An INDEPENDENT student is defined as one who will provide more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment and will NOT be claimed as a dependent or exemption on the income tax return of a parent, guardian or spouse.

CITIZENSHIP:  □ U.S. citizen  □ Permanent Resident  □ Not a U.S. Citizen or Permanent Resident

HOW LONG HAVE YOU RESIDED IN SOUTH CAROLINA?  Years ___________ Months ___________

ADDRESS (Street, City, State, Zip code) ______________________________________________________________

YOUR MARITAL STATUS:  □ Single/never married  □ Married  □ Divorced/separated  □ Widowed  □ Re-married

CURRENT RESIDENCE:  □ Rent/lease  □ Own  □ With parents  □ Campus residence

WHO CLAIMS YOU FOR FEDERAL INCOME TAX PURPOSES?  □ Self  □ Both parents  □ Father  □ Mother  □ Other _________

DRIVER’S LICENSE:

State ____________ Date issued _______________  □ New (first issued)  □ Renewed  Expiration date (mm/dd/yy) ________________

VEHICLE REGISTRATION:

State ____________ Date issued _______________  □ New (first issued)  □ Renewed  Purchase date (mm/dd/yy) ________________

IF YOU HAVE RELOCATED TO SOUTH CAROLINA, WHAT WAS YOUR PREVIOUS STATE OF RESIDENCE? __________________________________________________________

EMPLOYMENT STATUS:  □ Full-time  □ Part-time  □ Unemployed  □ Retired  □ Disabled

Employer name _______________________________________________________________ Telephone ( ___________ ) _________________________

Employer address _______________________________________________________________________________________________________________

Employment Dates:  From (mm/yy) ___________ / ____________ To (mm/yy) ___________ / ____________

IF YOUR CLAIM TO SOUTH CAROLINA RESIDENT STATUS IS BASED UPON ACTIVE MILITARY ASSIGNMENT TO THE STATE, PLEASE SUBMIT A COPY OF YOUR CURRENT ORDERS TO THE OFFICE OF ADMISSIONS.

Branch of Service:  □ USAF  □ USA  □ USN  □ USMC  □ USCG  Home of record on L.E.S _______________________

I hereby certify that the information I have 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. By signing below, I acknowledge this information will be used to determine South Carolina residency status for tuition and fee purposes.

Signature of applicant ___________________________________________________________________________ Date __________________________
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 __________________________________________________________________________
Critical Reading _______ Math _______ Writing _______ Total _______
Date taken __________________________________________________________________________
Critical Reading _______ Math _______ Writing _______ Total _______

◆ ACT SCORES
Date taken _________________________________________________________________________
English _______ Math _______ Science _______ Reading _______
Writing _______ Combined English/Writing _______
Date taken _________________________________________________________________________
English _______ Math _______ Science _______ Reading _______
Writing _______ Combined English/Writing _______

◆ 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 ( ________ ) ________________________________ Fax ( ________ ) ________________________________

Email address ________________________________________________________________

Date _________________________________ CEEB/ACT School Code ____________
MAJORS

All degree-seeking students must declare a major. Indicate one of the following choices on the application. Please enter the code on question 20 from the list below.

BUSINESS ADMINISTRATION
- Accounting – ACCP
- Certified Public Accountant – CPA
- Certified Management Accountant/CMAFA
- Economics – ECONP
- Finance – FINP
- Financial Management – FMGT
- Financial Services – FSRV
- Wealth Management – WMGT
- Hospitality, Resort and Tourism Management – HRTMP
- Management – MGTP
- Entrepreneurial Management – EM
- General Management – GEN
- Human Resources Management – HRM
- International Management – IM
- Operations and Technology Management – OTM
- Organizational Leadership – OL
- Marketing – MKTP

NOTE: A specialization in PGA Golf Management (PGM) 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) – MGEDP (must choose two)
  - Math – MATH
  - Science – SCIE
  - Social Studies – SSTD
  - English – ENGL
- Physical Education (K-12) – PHED
- Special Education-Learning Disabilities (PreK-12) – SPEDP

Coastal Carolina University offers a graduate level Masters of Arts in Teaching (M.A.T.) program in the areas of:
- Art
- English
- Mathematics
- Music
- Science
- Social Studies

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. For more information, contact the Office of Graduate Studies at 843-349-2394.

HUMANITIES and FINE ARTS
- Art Studio – ARTS
- Communication – COMM
- Communication Studies – CSTD
- Health Studies – HCOM
- Interactive Journalism – JOUR
- Public Relations/Integrated Communication – PRCOM
- English – ENGL
- Graphic Design – GDES
- History – HIST
- Intelligence and National Security Studies – INTEL
- Music – MUSP
- Musical Theatre – MUSP
- Philosophy – PHIL
- Political Science – PSCI
- Domestic Politics – DPOL
- Global Politics – GPOL
- Theatre Arts – TARPT
- Acting – ACT
- Design and Technology – DTCH
- Physical Theatre – PTHH

*All students who desire to pursue a bachelor of arts (B.A.) degree in music must successfully complete an audition. For more information, go to: coastal.edu/music.

**All students who desire to pursue a bachelor of fine arts (B.F.A.) degree in theatre arts or musical theatre must successfully complete an audition. For more information, go to coastal.edu/theatre.

INTERDISCIPLINARY STUDIES
- Interdisciplinary Studies – INTSP (only for transfer applicants)

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-Pharmacy/Biology – PH
- Pre-Physical Therapy/Biology – PT
- Pre-Veterinary/Biology – VT

SCIENCE
- Biochemistry – BCHEM
- Biology – BIOL
- Cellular, Molecular Biology and Genetics – CMGH
- Ecology, Evolution, and Conservation Biology – EECO
- Integrative Biology – IBIO
- 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 – BIO-E
    - Chemistry/Engineering – CHEM-E
    - Computer Science/Engineering – CSCI-E
    - Mathematics/Engineering – MATH-E
    - Applied Physics/Engineering – PHY-E
  - Exercise and Sport Science – EXSS
  - Health Administration – HADM (only for transfer applicants, online degree completion program)
  - Health Promotion – HLP
  - Information Systems – INF
  - Information Technology – IT
  - Marine Science – MSC
  - Mathematics (applied) – MATH
  - Nursing – NUR (Only for transfer applicants with an RN License)
  - Physics (applied) – PHYS
  - General – GEN
  - Environmental Physics – ENV
  - Engineering Physics – ENP
  - Psychology – PSY
  - Recreation and Sport Management – RSM
  - Recreation Management – RMG
  - Sport Management – SMG
  - Sociology – SOC
  - Generalist – GEN
  - Criminology – CRIM
  - Health and Aging – HL
  - Social Justice – SJUS