



Important Information

Deadlines for Admissions Documents

All required documents must be received by:

FALL SEMESTER ENROLLMENT July 1st

SPRING SEMESTER ENROLLMENT December 1st

Checklist of Required Enrollment Forms

NEW STUDENT

- ▶ Final Official High School Transcript
- ▶ Copy of High School Diploma
- ▶ ACT or SAT Scores
- ▶ Official College Transcript(s) with Previous Semester Grades (if concurrently enrolled while in high school)
- ▶ Wherabouts Form (if not entering immediately after high school graduation)
- ▶ Medical Examination Form (include immunization records)
- ▶ Copy of Social Security Card
- ▶ Application Fee

TRANSFER STUDENT

- ▶ Final Official High School Transcript
- ▶ Official College Transcript(s) with Previous Semester Grades
- ▶ Confidential Form(s)
- ▶ Wherabouts Form
- ▶ Medical Examination Form (include immunization records)
- ▶ Copy of Social Security Card
- ▶ Application Fee

Application, Financial Aid, and Medical Examination Forms are included in this booklet. Some can also be downloaded from the Morris College website: www.morris.edu. Online submission of application or other forms is not available. All forms must be mailed or faxed to:

The Office of Admissions and Records
Morris College
100 West College Street
Sumter, South Carolina 29150

All admissions forms and records must be received in the Office of Admissions before deadline

For hand delivery of admissions forms, bring them to the Admissions and Records Office on the first floor of the I.D Pinson Memorial Administration Building.



MORRIS COLLEGE

100 West College Street ♦ Sumter, South Carolina 29150-3599
(803) 934-3200 ♦ Fax (803) 773-8241 ♦ Toll-free (866) 853-1345 ♦ www.morris.edu

Note: These forms are available for download on the Morris College website.

CONSENT TO RELEASE HIGH SCHOOL TRANSCRIPT FORM

Submit to your Guidance Counselor

STUDENT INFORMATION

Name: _____
Last First Middle/Maiden

Name when attending, if different from above: _____

Social Security Number: _____ Date of Birth: _____

Current Address: _____

City State County Zip Code

Date of Graduation: _____ Name of High School: _____

Address: _____

City State County Zip Code

Please send official high school transcripts for the above student to:

MORRIS COLLEGE
Office of Admissions and Records
100 West College Street
Sumter, SC 29150

Student's Signature _____ Date: _____



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Note: This form is available for download on the Morris College website. Use enclosed envelope for mailing.

APPLICATION FOR ADMISSION

DIRECTIONS: applicants for admission must complete all items on this form in ink and submit it together with an application fee of \$20.00 (only certified check, cashier's check or money order accepted) to the Office of Admissions and Records, Morris College, Sumter, South Carolina 29150. Morris College adheres to the policy of non-discrimination on the basis of sex, age, race, religion, color, political affiliation, physical handicap or national origin in its admission practices, employment opportunities, and educational and athletic programs in accordance with the federal Civil Rights Act and in accordance with Title IX of the Higher Education Act, as amended.

Social Security Number: _____
(Please send a copy of your Social Security card along with application.)

I. PERSONAL DATA

Applicant's Name: _____
Last First Middle

Home Mailing Address: _____
Number and Street or RFD

City State County Zip Code

Home Telephone (Area Code and Number): _____ Cell: _____ Email: _____

Date of Birth: _____ Place of Birth: _____
City State

Check One: Male Female Check One: Veteran Non-Veteran Check One: Single Married

II. EDUCATION

High School: _____
Name of high school from which you graduated

City State Date of graduation

Have you requested your high school transcript to be mailed to Morris College? Yes No SAT ACT _____ scores submitted
Have you previously attended any college(s)? Yes No If "yes," indicate below:

Name of college(s): _____ Degree Completed: Yes No
City State Dates of attendance

Name of college(s): _____ Degree Completed: Yes No
City State Dates of attendance

Have you ever been suspended or expelled from college? Yes No If the answer is "yes," indicate name of college and reason for suspension or dismissal: _____

III. COLLEGE PLANS

I plan to enter during the _____ calendar year in the (check one): Fall Semester Spring Semester Summer Sessions
Which of the following will you be? Freshman Transfer Do you plan to apply for financial aid? Yes No
Do you plan to live on campus? Yes No Expected major: _____

IV. WHY DO YOU DESIRE TO ATTEND MORRIS COLLEGE? _____

V. TO BE COMPLETED BY APPLICANT

In the event of an emergency, please notify the person indicated below:

Name of Person: _____
First Middle Last

Home Mailing Address: _____
Number and Street or RFD

City State Zip Code

Home Telephone (Area Code and Number): _____

Relationship of this person to applicant: _____

VI. TO BE COMPLETED BY PARENTS OR GUARDIAN EXCEPT FOR STUDENTS SEEKING ADMISSION TO THE DEGREE PROGRAM IN ORGANIZATIONAL MANAGEMENT

Name of Parents: _____
Father's First Name Middle Last (if living)

Mother's First Name Middle Last (if living)

Guardian's First Name Middle Last (if living)

If guardian, what is your relationship to applicant? _____

Home Mailing Address: _____
Number and Street or RFD

City State Zip Code

Home Telephone (Area Code and Number): _____

I hereby make application for admission of (Name): _____ to Morris College, Sumter, South Carolina for the ensuing school year under the terms and conditions, financial and otherwise, as set forth in the current catalog of the college.

Date: _____ Signature of Parent or Guardian: _____

VI. TO BE COMPLETED ONLY BY STUDENTS SEEKING ADMISSION TO THE DEGREE PROGRAM IN ORGANIZATIONAL MANAGEMENT

Applicant's Maiden or Former Name: _____

Name of Employer: _____

Employer Phone No. () _____ Fax No. () _____

Job Title or Position: _____

VII. CERTIFICATION AND AGREEMENT

I certify that the information that I have presented in this application is correct, and I understand that my admission to the college may be revoked if I have knowingly falsified any such information. If I am admitted to Morris College, I hereby pledge to comply cheerfully with all regulations and customs in its efforts to maintain a high standard of honor among the students and to further the interests of the College. If I do not live up to this pledge, I agree that I should not remain a student at Morris College. I hereby make application in my own name for admission to Morris College, Sumter, South Carolina, for the ensuing school year under the terms and conditions, financial and otherwise, as set forth in the current catalog of the College.

Date: _____ Signature of Applicant: _____



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(803) 934-3238 ♦ Fax (803) 775-4217 ♦ www.morris.edu

Note: This form is available for download on the Morris College website. Use enclosed envelope for mailing.

APPLICATION FOR FINANCIAL AID

An application for financial aid is not complete without a Free Application for Federal Student Aid (FAFSA). Students are reminded to complete the FAFSA or the FAFSA on the web as soon as possible. No financial aid can be awarded until the FAFSA Student Aid Report has been received in the Office of Financial Aid. **IMPORTANT:** A signed copy of student and/or parents' most recent income tax returns may be requested for verification of eligibility for aid. Independent students may be requested to submit copies of spouse's tax returns also. *You must be admitted by the college before aid can be awarded.*

I. Name: _____ Soc. Sec. # _____
First Middle Last

Home Address: _____

City, State, & Zip Code: _____

Telephone Number: _____ Date of Birth: _____ Male Female Married Unmarried

II. EDUCATIONAL INFORMATION

How will you be classified during the period covered by this application? (check two)

- New Returning Transfer Transient
- Freshman Sophomore Junior Senior

What is/was your first period of enrollment at Morris? _____

When do you expect to graduate from Morris? _____

What is/will be your major? _____

Will you be a full-time student during the period covered by this application? Yes No If no, number of credit hours _____

What period will be covered by this application? Fall Spring Summer I Summer II

III. FAMILY INFORMATION

A. Name of Parents/Guardians/Spouse _____

B. Address of Parents/Guardians/Spouse _____

_____ Telephone # _____

C. Occupation of: Father _____ Mother _____ Spouse _____

D. Are you a citizen of the United States? Yes No

E. Have you and your family been living in South Carolina a year prior to enrollment? Yes No (This determines your eligibility for State Aid)

IV. Where do you plan to live during the period covered by this application?

- College Housing Parents' Home Other (specify) _____

V. Benefits from other aid programs: Veteran's Benefits (amount per month) \$ _____ AFDC (amount per month) \$ _____

Other Benefits \$ _____ Specify any other loans or scholarships and give amount: _____ \$ _____

VI. Please check the types of financial aid you will accept:

- Grants Part-Time Employment Scholarships Loans

VII. List work experiences and skills you have that will be helpful in job placement _____

VIII. Have you ever received a student loan? Yes No If yes, are you in default? Yes No

IX. If you are a returning student, please list the Work-Study Jobs you have held at Morris College in the past:

X. Have you previously attended a college, university, or technical school? Yes No

If yes, please complete the information below:

A. School Name: _____
Address: _____
City & State: _____
Dates Attended: _____

C. School Name: _____
Address: _____
City & State: _____
Dates Attended: _____

B. School Name: _____
Address: _____
City & State: _____
Dates Attended: _____

D. School Name: _____
Address: _____
City & State: _____
Dates Attended: _____

XI. Certification Statement on Refunds and Default

I certify that I do not owe a refund on any grant or loan, am not in default on any loan or have made satisfactory arrangements to repay any defaulted loan, and have not borrowed in excess of the loan limits under Title IV programs at any institution.

XII. Statement of Educational Purpose

I will use all Title IV money received only for expenses related to my study at Morris College.

XIII. Statement of Selective Service Registration Status

- I certify that I am registered with Selective Service.
- I certify that I am not required to be registered with Selective Service because:
 - I am female.
 - I am in the armed services on active duty. (Note: Does not apply to members of the Reserves and National Guard who are not on active duty.)
 - I have not reached my 18th birthday.
 - I was born before 1960.
 - I am a resident of the Federated States of Micronesia or the Marshall Islands, or a permanent resident of the Trust Territory of the Pacific Islands (Palau).

XIV. Authorization of Attorney-in-Fact:

I do hereby appoint the President and/or Business Manager of Morris College to be my Attorney-in-Fact to execute any instrument for me; to sign and endorse my name to any check or other evidence of money due me; to apply the proceeds of any funds due me to my obligations to Morris College; to receipt for same and turn over to me any balance due after payment of said obligation to Morris College; and I hereby ratify and confirm any and all acts done by my Attorney-in-Fact in the premises.

I certify that the information that I have presented in this application is correct, and I understand that if I have knowingly falsified any such information, then any financial aid awards that I receive as a result of this application may be revoked and any funds that I receive as a result of such awards may have to be repaid.

_____ Date _____ Signature of Student

Warning: To receive any Title IV financial aid, you must complete the Statement of Education Purpose and Certification Statement on Refunds and Default, and you must be registered with Selective Service, if you are required to register. If you purposely give false or misleading information, you may be subject to a fine of up to \$10,000, imprisonment for up to 5 years, or both.



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MEDICAL EXAMINATION FORM

I. PERSONAL DATA

Applicant's Name: _____
Last First Middle

Home Mailing Address: _____
Number and Street or RFD
City State Zip Code Phone No.

Name, address, and phone number of another person to notify in case of an emergency: _____

Gender: Male Female Date of Birth: _____

Height: _____ Weight: _____ BP _____ HGB _____ UA _____ PPD _____

Eyes: _____ (L) _____ (R) _____ Nose _____

Ears: _____ (L) _____ (R) _____ Throat/Gums/Teeth _____

Neck: _____

Chest: _____

Abdomen: _____

Extremities: _____

Neurological: _____

Skin: _____

Psychological: _____

Previous illness / injuries / hospitalizations: _____

Currently Prescribed Medicines: _____

Allergies: _____

Any additional history?

Examined by: _____

Date _____ Address _____

