

CONFIDENTIAL

OFFICE OF STUDENT AFFAIRS
Morris College
Sumter, South Carolina 29150

NOTE: For the Office of Student Affairs & Residence Directors

Name:

Mr.

Mrs.

Ms. _____ Age _____

(Last)

(First)

(Middle)

Date of Birth _____ Place of Birth _____

Home Address _____ City _____ State _____ Zip code _____

Telephone No. () _____ Marital Status: Married _____ Divorced _____
Separated _____ Other _____

Father's Name _____ Mother's Name _____

Occupation _____ Occupation _____

Place of Employment _____ Place of Employment _____

Telephone No. () _____ Telephone No. _____

Number of persons living at home _____ Number in School _____

Name of School last attended _____

Dates of Attendance _____ Location _____

Your Career: 1st Choice _____ 2nd Choice _____

What is your special interest: Check one: Dramatics () Movie () Dancing () Playing Piano () Sewing ()

Watching T.V. () Sports () Singing () Drawing () Crafts () Reading () Cooking () Other ()

Are there any subject(s) that you dislike? _____ Which one? _____

To What clubs (s) do you belong? _____

Do you play a musical instrument? Yes _____ No _____ Which one? _____

Over Please

What school office have you held before this year? _____

In what field do you expect to enter? _____

MEDICAL AND WELLNESS INFORMATION

(Note: A complete dental check-up, with x-rays is good insurance against dental problems. Also a complete eye check-up with drops is important for all students).

What limitation(s) have ever been placed upon the amount or character of your exercise?

_____ When _____ Why _____

What are your special interests: _____

List any problems you might wish to discuss with your Residence Director or the Dean of Student Affairs.

DO NOT WRITE BELOW THIS LINE

Date student registered in the residence hall _____

Date student withdrew from the residence hall _____

Assigned to _____ Residence Hall _____

Date _____