

Bridge Program Enrollment Form

Last Name		First Name	Midd	Middle Name	
Preferred Name		Birth Date	Social Security Nu	Social Security Number: (last 4 digits)	
Mailing Address	:				
		ent # (if applicable)	applicable)		
		City	State	Zip	
Email Address:					
	It is important that you us know if your email a	ı list your primary email address. Most university co ıddress changes.	rrespondence will be sent via email. It will	be your responsibility to let	
Telephone #:		Home Number	Call Noveler		
		Home Number	Cell Number		
High School Gra	duation date / GI	ED completion date:			
Have you ever co	ompleted a USC-	Columbia application? Yes	No		
Technical Schoo	l you are/will be a	attending:			
List All Colleges Attended:			Dates of Attendance:		
At the end of las	st semester, how i	many credits had you completed? _	(If you are a first semester fres	hman, write N/A)	
Anticipated num	nber of college cr	edits before transferring:			
Anticipated entr	ry term at USC: (c	hoose one) Summer Fall	Spring	Year	
Anticipated USC	Major:	of our more than 80 majors at www.sc.edu/bridg	Cumulative College GPA: _		
		mpus after transferring?		(ii ii esiiii ari, ii ariki vi vi v	
REFERRAL INF	ORMATION				
(Complete this section i	if you are working with a	specific technical college advisor who is assisting yo	ou in the transfer process)		
Name:			Date:		
College:			Phone:		

Return to:

Andrew Dalzell Office of Undergraduate Admissions University of South Carolina Columbia, SC 29208 www.sc.edu/bridge phone 803.777.7700 toll free 800.868.5872 fax 803.777.0101 dalzell@sc.edu