## 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.
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: ______________________
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

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?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Note: This form is available for download on the Morris College website. Use enclosed envelope for mailing.
APPLICATION FOR ADMISSION – reverse side

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: __________________________________________________________________

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:____________________________________ C. School Name:____________________________________
   Address:________________________________________   Address:________________________________________
   City & State:_____________________________________   City & State:___________________________________
   Dates Attended:__________________________________   Dates Attended:________________________________

B. School Name:____________________________________ D. School Name:____________________________________
   Address:________________________________________   Address:________________________________________
   City & State:_____________________________________   City & State:___________________________________
   Dates Attended:__________________________________   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.
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 ________________________________________________
In keeping with state and national health issues, Morris College requires all students born after December 31, 1956 to furnish proof of receiving measles (rubeola) and German measles (rubella) vaccine prior to registration.

Proof of immunity requires documentation of the following:
Receiving measles and German measles (MR and MMR) vaccine shot.

Please complete the following form and return it to the Office of Admissions and Records, Morris College, 100 West College Street, Sumter, South Carolina 29150. If you have questions, call the Office of Admissions and Records at 803-934-3225 or Health Services Center at 803-934-3256, or Fax to 803-773-3687.

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**REQUIRED IMMUNIZATION INFORMATION**

Applicant for:  □ Fall  □ Spring  □ Summer I  □ Summer II  Year__________

Name: __________________________________________  _______________________________  _______________________________________

Last           First     Middle

Home Mailing Address:  ___________________________________________________________________________________________________

Number and Street or RFD  __________________________________________  ____________________________   _________________________

City         State                  Zip Code  __________________________________________  ____________________________  Gender: □ Male  □ Female

Allergies:_______________________________________________________________________________________________________________

_______ Photocopy of immunization enclosed.

_______ My immunization information, certified by a licensed health professional, is listed below.

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**CERTIFICATION**

(MMR includes Measles, Mumps, and Rubella)

Date of Immunization: ____________________________________________________________________________

I certify the above information is correct:

Licensed Health Professional  __________________________________________

Signature