

# AUGSBURG UNIVERSITY

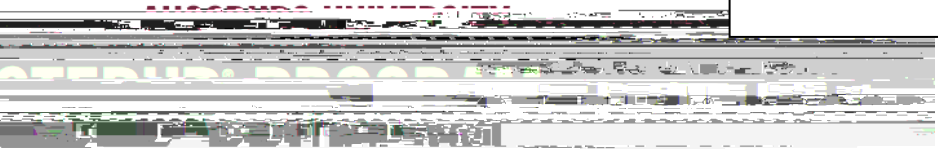
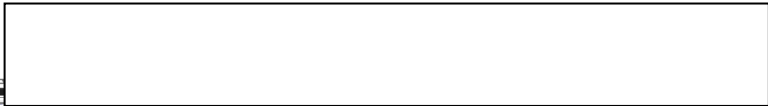


## Collegiate Recovery Community Application for University of St. Thomas Students

There is a rolling application deadline for acceptance into the Collegiate Recovery Community at Augsburg University and applications will be accepted year round. Program entrance starts at the beginning of each academic term only.

### Eligibility

- Acceptance into **the** University of St. Thomas as an undergraduate student.
- Complete and continuous abstinence of six (6) months from alcohol or other drugs and/or all process addictions.
-



Date: \_\_\_\_\_ Semester that you are applying to (circle one) Fall / Spring Year \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sober date \_\_\_\_\_

Current phone (Cell) \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ Permanent phone \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

Current mailing address \_\_\_\_\_ Permanent mailing address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate which address you will want StepUP correspondence to be mailed to: Current \_\_\_ Permanent \_\_\_

Email address \_\_\_\_\_

How did you find out about the StepUP Program? Who referred you? Do you know anyone currently in StepUP?

Are you a first generation college student? Yes \_\_\_\_\_ No \_\_\_\_\_

**PARENTS/GUARDIANS** (address and phone numbers)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Brothers or sisters? \_\_\_\_\_

Are your parents or siblings in recovery? Are they attending support groups such as Al-Anon or Alateen?

How would you describe your present relationship with your parents/guardians?

Do we have your permission to communicate with your parents/guardians during the application process? Yes: \_\_\_\_  
No: \_\_\_\_

**Chemical Use History**

Do you believe you are chemically dependent? Yes No Other: \_\_\_\_\_

Primary Drug(s) Used (please indicate your DOC):

Chemical	How often	How much	How long

**Mental Health History or Concerns:**

Have you been diagnosed with a mental health disorder? If yes, please explain when and where you were diagnosed.

Have you ever abused prescribed medications?

Are you currently taking medications as prescribed?    Yes    No



How do you see academics enhancing your recovery?

Hobbies, sports and/or outside interests

**Medical**

What are your current medical needs or concerns?

**Legal Issues/Concerns:**

Is StepUP currently recommended by the courts or are you under any pressure to attend?    Yes    No

What are your past and/or current legal issues?

If a release of information is necessary for anyone including; an attorney, probation or parole officer, please include their name and phone number here.

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**The Student Agreement** - Have you reviewed the StepUP program Agreement?    Yes    No

What questions do you have regarding the Agreement? (Please note that you will be expected to sign and follow the agreement as a member of the StepUP Community).

The information I have given in this form is accurate and true to the best of my knowledge. Any misrepresentation may lead to non-admittance or dismissal from the StepUP Program.

Prospective Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_