



COLLEGE of
CHARLESTON

College of Charleston Collegiate Recovery Program Application

Date: _____

Full Name: _____

Preferred name: _____ Gender: _____ Race: _____

Date of Birth: _____ Marital status: _____

CofC ID #: _____ School Year: _____

Cell Number: _____ May we text you? Y N Group text? Y N

Preferred Email Address: _____

Best way to contact you? Phone call () Text () Email () Other: _____

Major/Intended major: _____

Other Colleges/Universities/Schools attended and dates attended: _____

Local Address: _____

Permanent Address: _____

Sobriety Date (commitment to recovery): _____

What type of recovery program are you working? _____

What support groups do you typically go to? _____

Do you have a sponsor? Y N How long have you been working with him/her? _____

How old were you when you started experimenting with alcohol and/or drugs? _____

What substances or addictive disorders did you struggle with? _____

Have you ever suffered a Traumatic Brain Injury (TBI)? Y N

Currently on any medications? Y N Who is your Doctor/Psychiatrist? _____

Did you attend treatment? Y N If so, outpatient or inpatient? _____

If so, where did you go? _____

How did you hear about the Collegiate Recovery Program? _____

If recovery housing was available on campus, would you be interested in living there? Y N

In a separate document, please give your answers to the following questions:

1. What is your alcohol and drug use history?
2. What consequences did you suffer from using?
3. When and how did you begin your recovery?
4. What does your recovery program consist of today?
5. What are your hobbies and interests?
6. What are your academic and personal goals while at The College?

Signature: _____