



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: \_\_\_\_\_

Current Student? Y N Prospective Student? Y N If so, for what school year? \_\_\_\_\_

Major/Intended major: \_\_\_\_\_

Other Colleges/Universities/Schools attended and dates attended: \_\_\_\_\_

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

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

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Sobriety Date: \_\_\_\_\_

What type of recovery program are you working? \_\_\_\_\_

What support groups do you typically go to? \_\_\_\_\_

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

What substances did you struggle with? \_\_\_\_\_

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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? \_\_\_\_\_

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How did you hear about the Collegiate Recovery Program? \_\_\_\_\_

In a separate document, please type 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: \_\_\_\_\_