Admission Checklist:

_____ Admission to Georgia Southern University or East Georgia College
_____ Program Application
_____ Have three letters of reference sent in to the Center
_____ Interview with Center staff

You must be enrolled at Georgia Southern University or East Georgia College to be part of the Center for Addiction Recovery. If you are having trouble being admitted because of your criminal record, we may be able to help.

The essay prompts at the end of the application do not need to be exhaustive. Write as much or as little as you think is sufficient to answer the questions.

The letters of reference simply need to affirm that you have been sober for at least six months and are working toward continued sobriety. They can be from your sponsor, counselor, probation officer, or the like. The letters must be signed and must come from the person writing the letter. By having the letters sent in you are acknowledging that the Center staff may contact the recommendation sources to follow up.

Applications and letters of reference may be scanned and sent to cfar@georgiasouthern.edu or:

Bret Frazier
Center for Addiction Recovery
Georgia Southern University
PO Box 8015
Statesboro, GA 30460
Program Application

Date: ___________________________    Birthdate: ___________________________

Name: ______________________________________________________________________

Eagle ID#: ______________________

Address: ____________________________________________________________________

Phone: ___________________________    Email: _________________________________

Gender: ___________________________    Race: ________________________________

Marital Status: _____________________    Partner’s Name: ______________________

Hours Worked Per Week: ___________    Referred to CRC by: ____________________

Need assistance with housing or roommates? Y / N

Currently in treatment? Y / N          Where? ________________________________

Counselor/Director of Treatment Program: ______________________________________

Counselor/Director Phone number: _____________________________________________

List all your addictions and recovery dates from each (e.g., Recovery from alcoholism – sobriety date 3-25-01): __________________________________________________

__________________________________________________________________________

__________________________________________________________________________

List support groups you attend: _____________________________________________

__________________________________________________________________________
Are you classified as a Georgia resident for tuition purposes? Y / N

Check all that apply:

_____ I am beginning as a first-time freshman
_____ I am a returning GSU/East Georgia College student
_____ I am a transfer student from another university
_____ I have not been in school in 5 or more years

If you are a first-time freshman:

   Graduating Class Rank (percentile): ________
   SAT/ACT scores: __________________________

If you are a transfer student:

   Colleges/Universities:          Dates Attended (month/year):
   ________________________________ ________________________________
   ________________________________ ________________________________
   ________________________________ ________________________________

Please explain your judicial history below:

Charges: _______________________________________________________

date: __________________

Please list probation dates and stipulations:

_________________________________________________________________
_________________________________________________________________

Please list treatment dates and stipulations:

_________________________________________________________________
_________________________________________________________________
Do you have to complete community service hours? Y / N

Do you still have court dates pending? Y / N

If so, list dates: ______________________________________________________________

In a separate document, please **briefly** answer the following prompts:

1. What is your drug and alcohol use history?
2. What treatment have you received?
3. What has recovery looked like for you so far?
4. What does your current recovery community look like?
5. Why do you want to be a part of the Center?
6. What are your academic, personal, and professional goals?
7. Why do you want to go to Georgia Southern University?

Signature: ________________________________ Date: ____________

Printed Name: ________________________________