PASSAGE USA Application Checklist

Please use this checklist for your own benefit. Make sure that all steps of the application process are complete and submitted to PASSAGE USA.

1. USA Application (make sure that all sections are complete)
    a. Identification Information
    b. Parent/ Guardian Information
    c. High School Information
    d. Middle School Information
    e. Elementary School Information
    f. Work Experience
    g. Volunteer/ Internship Experience
    h. Accomplishments
    i. Activities
    j. Interests
    k. References
    l. Document or video (2 minutes or less) describing how PASSAGE USA will help you.
    m. Be sure to sign the application
2. Signed Student Eligibility Form
3. Medical History
4. Student & Parent/Guardian Memorandum of Understanding
5. Reference form from teacher
6. Copy of most recent IEP and/or transition IEP
7. Completed PASSAGE USA Personal Support Inventory
8. Copies of high school transcripts or final report cards from past 2 years, including attendance records.
9. Proof of Intellectual Disability diagnosis (e.g., Notice & Eligibility Decision Regarding Special Education Services)
10. Check made payable to the University of South Alabama for the application fee ($45)
11. Mail the completed application, supporting documents, and application fee to:

PASSAGE USA
307 University Blvd. N.
Department of Leadership and Teacher Education
UCOM 3100
University of South Alabama
Mobile, AL 36688

University of South Alabama
Application for PASSAGE USA

University of South Alabama
Department of Leadership and Teacher Education
307. University Blvd., N • Mobile, AL 36688-0002

Phone:(251) 460-7558
Email:passageusa@southalabama.edu

Please PRINT or TYPE all of the information requested.

STUDENT IDENTIFICATION INFORMATION

LEGAL NAME:

Last _____ ***First*** _____ ***Middle*** _____

Name Prefix: ◯ Mr. ◯ Mrs. ◯ Ms. ◯ Other_____ **Name Suffix:** (Ex: Jr., Sr., III, etc.) _____

Preferred First Name _____ ***Maiden/Other Name*** _____

***ADDRESS* (where USA should send your mail**

Address _____ ***Apt.*** _____

City _____ ***State*** _____ ***Zip*** _____ ***County*** _____

State of Legal Residence _____ ***County of Legal Residence*** _____

Home Phone Number ( ) _____ ***Cell Phone Number*** (____) _____ ***Work Phone Number*** (____) _____

Has a guardian been appointed for you? ◯ Yes ◯ No What type of Guardianship? _____

Do you live with your parent/ court appointed guardian? ◯ Parent ◯ Guardian ◯ I live by myself ◯ **Other (Please Specify)** _____

Email (your preferred e-mail address) _____

ADDITIONAL STUDENT IDENTIFICATION INFORMATION

Student Gender: ◯ **Female** ◯ **Male** ***Student Date of Birth*** _____

☐ ***U.S. Citizen*** ☐ ***International*** ☐ ***Permanent Resident / Resident Alien***

Please choose one of the following ** ☐ ***Hispanic*** ☐ ***Non-Hispanic*** ***Student Social Security #**** _____

Race** Choose any of the following: ☐ Black or African American
☐ American Indian or Alaska Native ☐ Asian
☐ Native Hawaiian or Other Pacific Islander ☐ White

Marital Status: ◯ Unmarried ◯ Married ◯ Separated ◯ Widowed

Religious Preference* _____

Did any of your family members graduate from USA? ◯ Yes ◯ No _____

Are you a veteran? ◯ Yes ◯ No **Please contact the Office of Veterans Affairs at (251) 460-6230 for benefit information.**

PARENT/GUARDIAN INFORMATION

Prefix: ◯ **Mr.** ◯ **Mrs.** ◯ **Ms.** **Name: Last** _____ **First** _____ **Middle Initial** _____

Relationship to Applicant _____

Address _____ **Apt. #** _____

City _____ **State** _____ **Zip** _____ **County** _____

Phone Number ( ) _____ **Check One:** ◯ Current ◯ Work ◯ Cell

Email (your parent e-mail address) _____

STUDENT HIGH SCHOOL INFORMATION

High School from which you graduated _____

High School Location: City _____ State _____

High School Dates Attended: Years _____ - _____

High School Completion Date: Month _____ Year _____

Did you receive a diploma? ◯ Yes ◯ No If yes, which type? _____ Did you receive a certificate of completion? Yes ◯ No ◯

STUDENT MIDDLE SCHOOL INFORMATION

Middle School which you attended _____

Middle School Location: City _____ State _____

Middle School Dates Attended: Years _____ -

STUDENT ELEMENTARY SCHOOL INFORMATION

Elementary School which you attended _____

Elementary School Location: City _____ State _____

Elementary School Dates Attended: Years _____ - _____

STUDENT WORK EXPERIENCE

Employer _____ Job Title _____ Dates _____

Start Pay _____ End Pay _____ Hours per week _____ Job Duties _____

Employer _____ Job Title _____ Dates _____

Start Pay _____ End Pay _____ Hours per week _____

Job Duties

VOLUNTEER/INTERNSHIP EXPERIENCE

Volunteer/Internship _____ Dates _____
Hours per week _____
Tasks/Duties _____

Volunteer/Internship _____ Dates _____
Hours per week _____
Tasks/Duties _____

ACCOMPLISHMENTS

List one or more things that you have done or a special skill you may have.

ACTIVITIES

List high school extracurricular activities in which you have participated such as scouting, sports teams, church groups, etc.

INTERESTS

List hobbies, special interest, travel, etc. that you enjoy most.

REFERENCE

Please pick one teacher, who you know well, who has taught you at any phase of your education. Please see attached reference form.

Name _____ Phone number _____ Email _____
Job Title _____ Address _____

Please attach a document in which you describe how PASSAGE USA can help you accomplish your goals.

Incomplete applications cannot be processed and will delay an admission decision

I declare that I am a United Sates Citizen. I understand that Alabama law provides that any person who knowingly makes a false, fictitious, or fraudulent statement or representation regarding U.S. citizenship shall be guilty of a criminal act, perjury in the second degree pursuant to Ala. Code 13A-10-102. ◯ Yes ◯ No

I declare that upon enrollment I will be an alien lawfully present in the United States. I understand that Alabama law provides that any person who knowingly makes a false, fictitious, or fraudulent statement or representation regarding lawful presence in the United States shall be guilty of a criminal act, perjury in the second degree pursuant in Ala. Code13A-10-102. ◯ Yes ◯ No (If yes, please contact the Office of International Admissions.)

Have you ever been found responsible for a disciplinary violation, academic or behavioral, in high school? ◯ Yes ◯ No

Have you ever been convicted of or plead guilty to a felony or misdemeanor crime or are there any criminal charges pending against you? ◯ Yes ◯ No

I certify that the above information is true and complete; I understand that withholding information requested, with the exception of information designated as optional, or giving false information may make me ineligible for admission and enrollment. I also certify that, if I am a male born on or after January 1, 1960, I comply with the provisions of the United States Military Selective Service Board or that I am not yet 18 years of age and I will register when required or that I am not required by law to register (this certification is required by State of Alabama Legislature Act 91-584). ***Although it is my responsibility to provide official documents, I grant the University of South Alabama permission to request transcripts from all schools that I have attended.***

Signature of Applicant_____ **Date**_____

Signature of Parent/Guardian_____ Date_____

*Your Social Security Number is optional as an applicant to the University of South Alabama and is used for identification purposes to match and process your application with supporting documents.

**Information relating to your ethnic background is requested for reporting requirements to the Department of Education. The data requested will be used only for the required reports to this agency and will not be used in any way in the admission process.

***Provision of this information is not mandatory and will not be used in any way in the admission process. Information on religious affiliation will be reported to local churches. Its use is in the storage, retrieval, and reporting of information. Failure to provide this information will in no way affect your admission.

The University of South Alabama does not discriminate in its student and employment practices in violation of any applicable laws.
The University of South Alabama is an Equal Opportunity Employer - Minorities/Females/Veterans/Disabled.

Applicant's Name: _____

Student Eligibility Form

Please initial in the appropriate boxes to confirm the student meets the eligibility criteria for PASSAGE USA.

Student Initial	Parent/ Guardian Initial	Requirement
		Between 18-28 years old.
		Not receiving special education and related services from the public schools.
		Diagnosed with an intellectual disability (ID), as defined by an IQ of 70 or below and low adaptive behavior.
		Uses functional communication, reading, and math skills.
		Functions independently without attendant care.
		No current, serious, or chronic history of criminal conviction.
		No current or chronic history of inflicting physical harm to self or others.
		No medical conditions that are communicable by casual contact.
		Uses self-help skills and safely functions without direct supervision.
		Motivated to continue education and further develop employment and independent living skills.
		Has a Smartphone and uses it for calls, texts, and email.

By signing this form, I certify that I have read and understood the eligibility requirements for PASSAGE USA. I verify that all of the above that I have initialed are true to the best of my knowledge. I understand that these requirements are only the basic program requirements and that the final acceptance to Passage USA is not based solely on the above responses.

Student Signature_____ **Date**_____

Student's email_____

Parent/ Guardian Signature _____ **Date**_____

Parent's email_____

Medical History

1. Briefly describe your medical history (include all disability diagnoses): _____

   _____

   _____

   _____

   _____

2. Please list all medical, psychiatric, behavioral, and/or physical conditions that may impact your participation in classroom, social, or recreational activities (including allergies): _____

   _____

   _____

   _____

3. Please list any medications you are currently taking. _____

   _____

   _____

   _____

   a. I can take all of my medications independently, including knowing when and how much to take.

      * Please verify with initial:

      _____Student _____Parent/ Guardian

4. Do you currently receive private/public/agency therapeutic services, such as PT, OT, psychiatry, speech, or behavioral therapy? If yes, list them here: _____

_____

_____

Please provide any other medical information that you feel would be important regarding your participation in PASSAGE USA.

_____

_____

_____

Student & Parent/Guardian Memorandum of Understanding and Release of Liability

Applicant Name: _____

PASSAGE USA at the University of South Alabama is a post-secondary education program to help young adults, who have been diagnosed with an intellectual disability (ID), gain work skills and practice some life skills. Completing this application does not guarantee the student a spot in the program. Final acceptance to the program will be decided after careful review of all applications, related documents, and student interviews by PASSAGE USA administration.

PASSAGE USA is in an inclusive and integrative university setting. All PASSAGE USA students will be treated and viewed as university students. The following services will be provided to all PASSAGE USA students:

- ☐ Person-centered planning
- ☐ Academic advising
- ☐ Academic, social, and wellness mentoring
- ☐ Career awareness and development of work-related skills
- ☐ Life skills development
- ☐ Campus inclusion & membership
- ☐ Self-determination development (increased)

Because the goals of PASSAGE USA include allowing students to have a form of college experience and gain independence, the following are **NOT** provided by PASSAGE USA:

- ☐ 24/7supervision
- ☐ Daily/weekly student progress reports to parents/guardians
- ☐ One-on-one supervision throughout the entire school day (including traveling to and from classes, during class, and during PASSAGE USA activities)

PASSAGE USA is also **NOT** responsible for the following:

- ☐ Students' personal belongings
- ☐ Students' personal finances and money in possession of students
- ☐ Students' diet on campus
- ☐ Student conduct
- ☐ Guaranteeing paid employment either during or upon completion of PASSAGE USA

PASSAGE USA will expect a high level of support from parents/guardians regarding the purpose and goals of the program. As parent(s)/guardians, you need to clearly understand the expectations and agree to the limitation of PASSAGE USA to provide direct teacher contact/supervision to the students enrolled. Some opportunities provided by PASSAGE USA may occur apart from the time of traditional college classes (weekends & nights) and are not limited to the students' scheduled class times. Students are required to:

- ☐ Travel throughout campus independently
- ☐ Be responsible for arranging transportation to and from USA campus and other PASSAGE USA activities' locations
- ☐ Manage their own schedule for school, employment experiences, and social activities
- ☐ Own a Smartphone and know how to use it for texting, phone calls, apps, and email
- ☐ Desire to participate in campus activities (both specifically PASSAGE USA activities & general USA community activities)
- ☐ Be responsible (or family must be responsible) for the costs of students' meals during the semester
- ☐ Provide (or family must provide) their own school supplies (books, paper, pencils, pens…)

PASSAGE USA is committed to providing students who meet eligibility requirements with an opportunity to have a post-secondary educational experience. It is PASSAGE USA's goal to assist students in the development of skills needed to live independently (or somewhat independently) and acquire skills needed for successful employment. PASSAGE USA will use Person-centered planning and Adult Education Plans (AEPs) to set students' goals and determine students' course selection and job/internship experiences each semester. **Please realize that upon completion of PASSAGE USA students will receive a *certificate* not a *diploma*. Students will not receive any college credit for their participation in classes.**

I understand that if I/my student,_____, is accepted into PASSAGE USA that the parent/guardian will provide the necessary materials and support. I also understand that students will not be supervised at all times by PASSAGE USA administration. There are risks associated with any program provided on a university campus or in a community setting, and I, in full recognition and appreciation of any and all risks, hazards, and dangers inherent in participation in this program, am willing to accept those risks. Further, I do for myself, my child or ward, our heirs and personal representatives, agree to hold harmless and indemnify, release and forever discharge PASSAGE USA, the University of South Alabama, its trustees, officers, employees, volunteers and students from and against any and all claims, demands and actions or causes of action on account of or resulting from my child/ward's participation in Passage USA. I further understand that the University of South Alabama, its trustees, officers, employees, volunteers and students assume and accept no liability for personal injury, loss of life or damage to personal property.

Student Signature:_____ **Date:** _____

Printed Student Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Printed Parent/ Guardian Name: _____

PASSAGE USA Reference Form

Please give the attached documents to the teacher you designated as your reference on the application. Your reference should be someone who has personally taught you and who knows you well. Please attach your completed reference form to the application packet to submit to PASSAGE USA.

PASSAGE USA Reference Form

Reference for _____

(Please use full legal name)

Reference Information:

Name: _____

Last ***First*** ***Middle***

Address: _____

e-mail: _____

Phone number: _____

Best time to call is: ☐ **Weekday mornings (after 9am)** ☐ **Weekday afternoons (after 12pm)**

☐ **Weekday evenings (after 4pm)** ☐ **Other (please write best time for you)**

Job title _____

How long have you known the applicant? _____

_____

Student Name: _____

Applicant Skills and Abilities:

Please rate the applicant's level of independence in the following areas with the following scale: 3-student is independent, 2—student requires some/moderate support, 1—student requires complete support, NA—not applicable to student/have not observed.

Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Eating	○	○	○	○
Food Preparation	○	○	○	○
Hygiene	○	○	○	○
Toileting	○	○	○	○
Organizational Skills	○	○	○	○
Navigate Familiar	○	○	○	○
Time Management Skills	○	○	○	○
Building/ Maintaining Peer	○	○	○	○
Adult-Student Relationships	○	○	○	○
Demonstrates Self-Control	○	○	○	○
Social Skills (Greets, shakes hands, says	○	○	○	○
Functional Writing	○	○	○	○
Functional Reading	○	○	○	○
Functional Math	○	○	○	○

Is there anything else about the student that you would like to share or think that PASSAGE USA should know?

_____

_____

_____

Teacher Signature:_____ **Date:** _____

Printed Name: _____

Thank you for your time in completing this form!
Please mail it to:
PASSAGE USA
307 University Blvd. N.
Department of Leadership and Teacher Education
UCOM 3100
Mobile, AL 36688

PASSAGE USA

Personal Support Inventory

To be filled out by: **parent/family/guardian/primary support person**.

Instructions: Please use the following scale to represent level of functioning in each section:

- (3) Student is independent
- (2) Student requires some/ moderate support
- (1) Student requires complete support
- (NA) Not applicable to student

When necessary, write notes to explain scaled responses.

Eating and Food Preparation: Level of Support	**3 Student is independent**	**2 Student needs some support**	**1 Student needs complete support**	**Not applicable to student**
Preparing meals and snacks:				
1. Gathers ingredients and equipment	○	○	○	○
2. Opens containers	○	○	○	○
3. Follows recipe	○	○	○	○
4. Uses microwave	○	○	○	○
5. Uses stovetop	○	○	○	○
6. Uses oven	○	○	○	○
7. Uses other appliances	○	○	○	○
Eating meal/snack:				
8. Has appropriate oral motor skills (i.e. chewing/swallowing)	○	○	○	○
9. Uses utensils	○	○	○	○
10. Uses manners	○	○	○	○
Preparing eating area:				
11. Sets table	○	○	○	○
12. Gets condiments	○	○	○	○
Cleaning up after meal:				
13. Puts away leftovers	○	○	○	○
14. Wipes off work surface	○	○	○	○
15. Washes dishes by hand	○	○	○	○
16. Washes dishes with dishwasher	○	○	○	○
Accessibility to kitchen:				
17. Uses adaptive equipment	○	○	○	○

Comments: _____

Grooming and Dressing: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Grooming				
1. Brushes teeth	○	○	○	○
2. Uses mouthwash	○	○	○	○
3. Brushes/ combs hair	○	○	○	○
4. Styles hair	○	○	○	○
5. Takes care of skin	○	○	○	○
6. Uses make-up	○	○	○	○
7. Cleans eyeglasses	○	○	○	○
8. Cleans hearing aid ear molds	○	○	○	○
9. Maintains appearance	○	○	○	○
Dressing / Undressing				
10. Dresses and undresses self	○	○	○	○
11. Chooses appropriate clothes	○	○	○	○
12. Dresses appropriately for season/weather conditions	○	○	○	○

Comments:

_____

Hygiene and Toileting: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Using private and public toilets				
1. Takes care of toileting needs	○	○	○	○
2. Washes hands	○	○	○	○
Personal Hygiene				
3. Bathes/ showers	○	○	○	○
4. Shampoos/ rinses hair	○	○	○	○
5. Manages menstrual care	○	○	○	○
6. Shaves	○	○	○	○
7. Uses deodorant	○	○	○	○

Comments: _____

Sexuality, Health, Safety: Level of Support	**3 Student is independent**	**2 Student needs some support**	**1 Student needs complete support**	**Not applicable to student**
Awareness of sexuality issues				
1. Has awareness of public vs. private activities	○	○	○	○
2. Closes door for bathing, toileting, dressing, etc.	○	○	○	○
3. Shows affection appropriately	○	○	○	○
4. Appropriately controls sexual needs	○	○	○	○
5. Has awareness of bodily and sexual functions	○	○	○	○
6. Has knowledge of use of birth control methods	○	○	○	○
7. Has knowledge of sexually transmitted	○	○	○	○
Knowledge of general health concerns				
8. Disease transmission (i.e., covers mouth when sneezing/ coughing, controls drooling, blows nose, etc.)	○	○	○	○
9. Has health concerns specific to disability (i.e., skin care, range of motion, positioning of weight)	○	○	○	○
10. Manages medication (i.e., knows medication schedule, ability to swallow, related behavioral	○	○	○	○
11. Cares for minor injury and/or illness	○	○	○	○
Awareness of home hazards and emergency procedures				
12. Uses adaptive strategies to avoid	○	○	○	○
13. Shows awareness of danger associated with poisons	○	○	○	○
14. Understands what to do in case of fire	○	○	○	○
15. Understands what to do in case of accidents	○	○	○	○

Comments: _____

Travel: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
"Walking" (Wheeling) to and from Destination				
1. Is aware of safety procedures when crossing streets	○	○	○	○
2. Arrives at destination	○	○	○	○
Riding Bicycle				
3. Knows safety rules	○	○	○	○
4. Is able to find way	○	○	○	○
5. Locks bicycle	○	○	○	○
Riding School/City Bus				
6. Demonstrates appropriate behavior when on the bus	○	○	○	○
7. Communicates with bus driver	○	○	○	○
8. Can find appropriate bus	○	○	○	○
9. Can read bus map	○	○	○	○
10. Can make a transfer	○	○	○	○
11. Knows how to pay	○	○	○	○
12. Shows bus pass	○	○	○	○
Orienting Skills				
13. Identifies signs	○	○	○	○
14. Carries identification	○	○	○	○
15. Asks for help	○	○	○	○
16. Is responsible for possessions	○	○	○	○
17. Uses caution with strangers	○	○	○	○
18. Reads maps	○	○	○	○

Comments: _____

Uses Services: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
1. Uses Relay system (if hearing impaired)				
2. Makes appointments				
3. Uses banking services				
4. Uses/ communicates with dentist, doctor, etc.				
5. Uses laundry/ drycleaner				

Comments: _____

General Shopping Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Handling Money/ Budgeting				
1. Makes shopping lists				
2. Stays within budget				
3. Handles money exchanges				
Locating/ Getting Items				
4. Pushes cart				
5. Uses store directory				
6. Asks for help				
7. Follows list				
8. Makes appropriate choices				
9. Does cost comparisons				
Clothes/Personal Items				
10. Selects appropriate store				
11. Asks for help				
12. Selects items within budget				
13. Knows sizes				
14. Makes wise choices				
Restaurant				
15. "Reads" menu (or alternative)				
16. Communicates with waitperson				
17. Uses manners				
18. Locates restrooms				
19. Pays bill (including tip)				

Comments: _____

Household and maintenance: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Keeping room neat				
1. Makes bed	○	○	○	○
2. Changes bed linens	○	○	○	○
3. Straightens room	○	○	○	○
Handling of household chores				
4. Does laundry	○	○	○	○
5. Vacuums/ dusts	○	○	○	○
6. Cleans bathroom	○	○	○	○
7. Sweeps	○	○	○	○

Comments: _____

Social Skills: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Telephone Use				
1. Uses phone etiquette	○	○	○	○
2. Takes message	○	○	○	○
3. Dials phone	○	○	○	○
4. Can use phone for emergency	○	○	○	○
5. Can use phone directory	○	○	○	○
6. Sends a text message	○	○	○	○
7. Receives a text message	○	○	○	○
Caring for Others				
8. Takes care of pets	○	○	○	○
9. Takes care of sibling(s)	○	○	○	○
10. Babysits	○	○	○	○
11. Cares for elderly	○	○	○	○
Reciprocal Relationships				
12. Gives gifts	○	○	○	○
13. Remembers birthdays	○	○	○	○
14. Sends thank you card/note	○	○	○	○

Social Skills: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Behavior management				
15. Introduces self	○	○	○	○
16. Follows instructions	○	○	○	○
17. Accepts criticism or consequence	○	○	○	○
18. Accepts no for an answer	○	○	○	○
19. Greets people	○	○	○	○
20. Gets people's attention appropriately	○	○	○	○
21. Makes requests appropriately	○	○	○	○
22. Disagrees appropriately	○	○	○	○
23. Gives negative feedback appropriately	○	○	○	○
24. Resists peer pressure	○	○	○	○
25. Apologizes	○	○	○	○
26. Engages in conversation	○	○	○	○
27. Gives compliments	○	○	○	○
28. Volunteers to help	○	○	○	○
29. Reports peer behavior appropriately	○	○	○	○

Comments: _____

Planning/Scheduling: Level of Support	3 Student is independent	2 Student needs some support	1 Student needs complete support	Not applicable to student
Following Daily Routines				
1. Shows up on time	○	○	○	○
2. Gets to where they are supposed to be	○	○	○	○
3. Adapts to changes in routine	○	○	○	○
4. Is able to tell time	○	○	○	○
Scheduling Weekly Activities				
5. Uses a time management system(i.e., calendar/daytimer)	○	○	○	○
6. Maps out plans and time (i.e., organizes time)	○	○	○	○

Planning and Scheduling: Level of Support	**3 Student is independent**	**2 Student needs some support**	**1 Student needs complete support**	**Not applicable to student**
Preparing for Special Outings				
7. Arranges special things to do	◯	◯	◯	◯
8. Handles logistics involved in planning an event	◯	◯	◯	◯
Handling Time Management				
9. Plans homework time	◯	◯	◯	◯
10. Arranges study area	◯	◯	◯	◯
11. Attends to homework	◯	◯	◯	◯
12. Plans time for chores, meetings, leisure time	◯	◯	◯	◯
13. Arranges transportation	◯	◯	◯	◯

Comments: _____

PASSAGE USA Certificate Program Fees

Students admitted to the PASSAGE USA Certificate Program will register for specialized and inclusive courses each semester. These courses will be taken for credit toward the PASSAGE USA certificate. The courses will not be taken for degree credit. Two of the courses will include PASSAGE USA students only. The other courses will be selected from USA's traditional course offerings and will include students from the University community. There is a flat fee for the program. Information about the program fee is available at: http://www.southalabama.edu/colleges/ceps/passage/pusa_admissions.html

Additional Fees: for new students
Application fee: $45
ID fee (for those enrolling): $10
Orientation fee (for those enrolling): $100

The University reserves the right to change fees, as approved by the USA Board of Trustees, without prior notice.

Questions?

Contact PASSAGE USA at 251-460-7558 or passageusa@southalabama.edu