

# Mississippi Valley State University

## Summer Developmental Program Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Student ID#: \_\_\_\_\_ Gender:  Male  Female Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

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

Did You or Will You Graduate from High School? \_\_\_ Yes \_\_\_ No If yes, Graduation Date Month & Year: \_\_\_\_/\_\_\_\_/\_\_\_\_

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
(Please Print Full Name of School)

Have you earned a GED? \_\_\_\_\_ If yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Have you taken the ACCUPLACER Exam? \_\_\_\_\_ If yes, Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Location: \_\_\_\_\_

Have you taken the SAT or ACT?  No  Yes Please indicate applicable scores: \_\_\_\_\_ SAT Score \_\_\_\_\_ ACT Score

Do you have a disability that may require special accommodations? \_\_\_ No \_\_\_ Yes (If yes, please indicate below)

Disability \_\_\_\_\_ (i.e., learning, medical, deaf/hard of hearing, low vision, etc.)

If you have extenuating circumstance(s) that would prevent you from residing on campus during the 9-week period of the program, please indicate: \_\_\_\_\_

If under age 18, please include your Parent/Guardian Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

*"I understand that withholding information requested in this application or giving false information may make me ineligible for admission to, or continuation at, Mississippi Valley State University. With this in mind, I certify that all information pertaining to this application is correct and complete."*

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under age 18)

### Please Mail or Fax Your Application To:

Mississippi Valley State University

University College

Attn: Summer Developmental Program

14000 Hwy 82 W, MVSU 7262

Itta Bena, MS 38941

Fax #: (662) 254-3003

**APPLICATION DEADLINE DATE IS MAY 22, 2015**

*Mississippi Valley State University offers equal educational opportunities to all persons without regard to sex, race, religion, national origin, physical or mental handicap, or age by applicable laws and regulations.*