## Application for Admission

Application de	eadline for <b>priority</b> regis	tration: <b>Febr</b> u	ıary 17, 2017.			
Name (print) _						
Date of Birth Gender (M/F) Social Security # (last 5 digits)						
MESC School re	egistering through					
Student ID#	Level ( ie.	Fresh., Soph., U	Indergraduate or Grad	uate)		
Are you paying	out-of-state tuition?	Other ins	titutions attended, deg	grees, dates		
Your current ac	ldress at school:					
City	County	State	Zip Code	Phone#_		
Your permanen	nt address at home:					
City	County	State	Zip Code	Phone#_		
Your email	emailYour cell phone #					
Emergency Cor	ntact:					
Contact's relationship to you			Contact Phone#			
Do you have ar	ny allergies, particularly to	drugs or medi	cation? Yes	No		
If yes please de	escribe:					
Please list pres	cribed medications:					
Are you suscep	tible to motion sickness?					
Will you need o	lormitory accommodation				se a meal plan	
If space is avail	able in dorms, would you	like a private ro	oom at additional cost?	Yes	No	
•	ng in the dorm and would e provide his/her name:_		• •		be attending the	
Would you like	a meal plan? Yes	No	If yes, which plan?	5 day	7 day	
Do you have a	any special dietary nee	ds? If yes, pl	ease list:			

**Application** will not be accepted without \$75 application fee and signature of campus liaison officer. (Fee is non-refundable unless the course a student registered for is full or canceled; and another choice is not an option.) Once you have received notice that you are enrolled in classes at DISL, you MUST also register at your home campus and pay their campus tuition. Send completed application and \$75 deposit check to: DISL, UP Registrar, 101 Bienville Blvd., Dauphin Island, AL 36528. OR APPLY ONLINE.

Apply and register online www.disl.org/up/ug-apply