

SEU LINK

Post-Secondary Transition Program

Student Application Packet

A Comprehensive Post-Secondary Transition Program

...committed to empowering students to achieve desired educational outcomes in the domains of education, employment, and independent living.



In partnership with
Southeastern University and
Southeastern University's College of Education 1000 Longfellow Blvd.
Lakeland, Florida 33801

SEU LINK
Southeastern University
1000 Longfellow Blvd, Lakeland, Florida 33801

Dear Prospective Student and Family:

We are pleased you are interested in the Southeastern University ("SEU") LINK Post-Secondary Transition Program ("LINK")! Our desire is to provide a comprehensive educational experience that will empower your student to achieve a successful transition to adulthood. SEU LINK connects students to college life, industry credentials, and independent living and, most importantly, to their future!

SEU LINK is a two-year post-secondary non-degree seeking transition program designed for students with mild intellectual disabilities. SEU LINK offers a core curriculum of education, employment, life skills, and spiritual growth. Graduates of the program will earn Certificate of Professional Readiness.

We have enclosed everything you should need to submit your application in a timely manner. Should you have any further questions please submit all correspondence to:

SEU LINK
Attention: Program Director
Southeastern University College of Education
1000 Longfellow Boulevard
Lakeland, Florida 33801
LINK@seu.edu

We look forward to serving you!

Sincerely,

Kelly Southmayd

Kelly Southmayd
Program Director, SEU LINK Post-Secondary Transition Program

Application Process

1. Complete and submit the Student Application Packet, submit all requested documents (see checklist), and submit the \$50 non-refundable application fee (checks or money orders payable to Southeastern University).
2. The Admissions Committee will review applications and supporting documentation and select students for the next stage of the admission process, which is an interview and assessment.
3. Applicants who desire to live on campus will need to participate in an overnight stay with residential mentors in order to be approved to live in the residence halls. Age restrictions apply and certain qualifications must be met in order to live on campus.
4. Applicants will be notified of either acceptance or non-acceptance.

Additional Information

- ❖ Please complete all sections of this application. A checklist has been provided for your convenience.
- ❖ Application files with missing documents will result in delayed processing.
- ❖ Additional information may be attached as needed.
- ❖ All information is confidential and will not be released to any outside agency unless written permission is provided by those completing the application, except as required or permitted by law.
- ❖ All applications will be considered.
- ❖ All correspondence should be sent to:
 - SEU LINK Post-Secondary Transition Program
 - Attention: Program Director
 - Southeastern University College of Education
 - 1000 Longfellow Boulevard
 - Lakeland, Florida 33801
 - LINK@seu.edu

Application Checklist

The following required documents must be sent to the SEU LINK office to complete your admissions file. The checklist is for your convenience. You may include additional information you feel is relevant to an admissions decision.

REQUIRED DOCUMENTATION	COMPLETED	DATE SENT
Application w/ Non-refundable Fee (\$50.00)		
<p>Three Recommendation Forms (Four if the student has had prior work experience). To be completed by people in the following fields who have known the applicant for at least 1 year</p> <ol style="list-style-type: none"> 1. Educator – teacher, counselor, principal, etc. 2. Vocational/Employer (if the student has had prior work experience) 3. Community – friend, pastor, counselor, etc. 4. Personal – close friend, family, etc. 		
<p>*School records including most recent IEP (within 3 years) *Postsecondary program records (if applicable) Please include the most current educational evaluation, Behavioral Intervention Plan (if applicable), grade reports, assessment data, grade level, and standardized scores.</p>		
<p>*Documentation of diagnosis with an intellectual disability from a psychoeducational evaluation, report from a psychiatrist, psychologist, or licensed counselor (within 3 years) Please submit all available reports</p>		
<p>Most recent therapy reports from speech, Occupational Therapy, and/or Physical Therapy as applicable</p>		

*Failure to disclose requested documents may result in cause for denial for admission into the SEU LINK program.

SEU LINK APPLICATION

(Please type or print legibly.)

Student/Applicant Information

Last Name _____ First Name _____ MI _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address _____

Birth date: ____/____/____ Male Female *Social Security# _____

Country of Citizenship _____

If not a U.S. Citizen, check type of visa: Student Permanent Resident
 Visitor Dependent

Country of Birth _____

Ethnicity (*Voluntary, information will not be used in a discriminatory manner*):

Asian/Pacific Islander Caucasian/White Hispanic American

Black/African American Native

American Other: _____

Home Language Survey (any "Yes" response to questions 1, 2, and/or 3 may result in testing for ESOL services)

1. Is a language other than English used in the home? **Y N**

If yes, what language? _____

2. Does the student have a first language other than English? **Y N**

If yes, what language? _____

3. Does the student most frequently speak a language other than English? **Y N**

If yes, what language? _____

Who is responsible for payment of tuition and fees?

Mailing Address of Responsible Party:

Student receives support or services from: (please check those that apply)

Supplemental Security Income

Division of Developmental Disabilities

Medical Assistance

Social Security Disability Insurance Division of

Vocational Rehabilitation

Other, please specify

Emergency Contact Information

_____(Name) _____(Phone) _____ - _____

_____(Name) _____(Phone) _____ - _____

Please indicate preferred method of communication in case of emergency
(check one below).

Home phone

Cell phone call

Cell phone text*

Work phone

*Data rates (in accordance with cellular agreements) may apply if the Emergency Contact(s) request(s) communication through text message.

Other Contacts

Name _____ Relationship to Student _____ Phone number _____ Email address _____ Contact in an emergency? Yes No	Name _____ Relationship to Student _____ Phone number _____ Email address _____ Contact in an emergency? Yes No
Name _____ Relationship to Student _____ Phone number _____ Email address _____ Contact in an emergency? Yes No	Name _____ Relationship to Student _____ Phone number _____ Email address _____ Contact in an emergency? Yes No

Medical History

List all allergies to foods, medications or other common substances:

List all medication taken on a regular basis, including over-the counter medications:

Medication Name	Dosage	When Taken

List any hospital stays you have had, including the date and reason for stay:

List any medical conditions you are currently or have been treated for in the past:

Education History

Did the student receive a high school diploma or equivalent? Yes No

High School Graduation Date _____

From: School Name _____ Date _____

Address _____

Were any accommodations used? Yes No

If yes, list the accommodations

Please list any assistive technology used

Vocational History

Work History (Include location(s), time frame(s), duties)

Volunteer History (Include location(s), time frame(s), duties)

Extracurricular Interests/ Activities

SEU LINK Post-Secondary Transition Program

Application Supplement – Goals – To be completed by **student**

Name of Student _____

What are your goals for the future?

What kind of work would you like to do?

What is your long term goal for your living situation?

Why do you want to attend the SEU LINK Post-Secondary Transition Program?

SEU LINK Post-Secondary Transition Program

Application Supplement – Goals – To be completed by **parent/guardian**

Name of Student _____

What are your goals for the student's future?

What kind of work does the student like to do?

What is your long term goal for the student's living situation?

Why do you want the student to attend the SEU LINK Post-Secondary Transition Program?

SEU LINK Post-Secondary Transition Program

Guardianship Status - To be completed by Student

I am over the age of majority and
I do not have a guardian.

Circle one: Yes No

If yes, stop here. If no, continue.

Proof and Acknowledgement of Guardianship

COMPLETE THIS FORM ONLY IF LEGAL GUARDIANSHIP HAS BEEN FILED (NOTE: A COPY OF LEGAL GUARDIANSHIP PAPERWORK IS ALSO NEEDED)

Name of Student _____

This is to acknowledge that even though my child is over the age of eighteen (18), I am his/her legal guardian.

I have attached a copy of the court-ordered guardianship.

Parent/Guardian Signature

As the applying student, I acknowledge that legal guardianship resides with my parents and that all documents and information from Southeastern University will be shared with them.

Student Signature

INDEPENDENCE INVENTORY - To Be Completed by PARENT/GUARDIAN

Name of Student _____

Name of Parent/ Guardian Completing _____

Date _____

Instructions: Circle the level for each row which best indicates the student's current level of functioning.

DOMESTIC SKILLS				COMMENTS
Laundry	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Preparing cold meals	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Preparing hot meals	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Personal hygiene	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Dressing	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Cleaning bedroom	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Cleaning common areas in home	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Cares for pet	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Stay alone during day	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Stay alone during night	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Unlock / lock door to home to enter/ leave	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
VOCATIONAL SKILLS				
Participates in non-paid (volunteer activities) work experiences.	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Receives a salary for work in the community.	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
PERSONAL MANGEMENT SKILLS				
Uses personal calendar/ app	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Uses alarm and is ready on time	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Manages prescription medications	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Takes over the counter medications	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	

Parent/Guardian Page 2

COMMUNITY SKILLS				
Creates grocery list	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Shops for groceries	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Purchases items in small store	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Selects clothing to purchase for self	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Walks or rides bike to locations in the community	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Crosses street	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Orders food in fast food restaurant	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Pays for food in fast food restaurant	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Orders food in sit down restaurant	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Pays for food in sit down restaurant	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Handles own money	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Handles own bank account	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
LEISURE SKILLS				
Participates in hobby	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Talks/texts friends or family	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Participates in sports	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Participates in events with non-disabled peers	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Goes out with peers (movie, mall, etc.)	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Choose own leisure activities	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Invites others to house	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Goes to friends' homes during day	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Stays overnight and friends' homes	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	

INDEPENDENCE INVENTORY

Completed by **STUDENT**

Name of Student _____

Date _____

Instructions: Circle the level for each row which best indicates the student's current level of functioning.

DOMESTIC SKILLS				COMMENTS
Laundry	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Preparing cold meals	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
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Takes over the counter medications	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
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Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	

Student Page 2

COMMUNITY SKILLS				
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Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	
Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	

Church Affiliation

Provision of this information is optional. Failure to provide this information will in no way influence the acceptance or denial of your application.

Church Name _____

Denomination _____ Pastor's Name _____

Church Address _____

City _____ State _____ Zip Code _____

Chapel

How often is chapel? Chapel services are held every Tuesday, Wednesday and Thursday morning from 9:00 a.m. - 10:00 a.m. on Southeastern University's campus. Chapel services include faculty and student-lead praise and worship. Chapel speakers include SEU campus pastor, faculty, and occasional guest speakers. Chapel services for SEU LINK students may be individualized and held in individualized venues according to students' needs.

Is chapel required? Yes. As a school affiliated with a Christ-centered university, our most distinctive characteristic centers on the integration of faith and learning. Therefore, all students are encouraged and expected to include an active devotional life, regular church attendance, and chapel services as part of their educational experience. Chapel services are the spiritual center of the SEU LINK community and serve as a time of corporate worship. Students are allowed a certain number of excused absences based on various criteria.

I/we do hereby understand there is a chapel attendance policy and agree to comply.

Student Signature _____ Date _____

Parent Signature _____ Date _____

SEU Mission Statement

Equipping students to discover and develop their divine design to serve Christ and the world through Spirit-empowered life, learning and leadership.

SEU Vision Statement

SEU is anchored by Spirit-empowered education in a Christ-centered, student-focused learning community. SEU's global impact is marked by a deep commitment to transforming minds and engaging culture through the integration of faith, learning and service. Each student's divine design is nurtured and unleashed through the investment of faculty and staff, relationships within the community, the rigor of scholarship, diverse learning experiences and the discipline of spiritual formation, which propels students into a lifetime of serving the world in the Spirit of Christ. In addition to our mission and vision statement, we hold fundamental truths about the Christian faith that include the following:

- The Scriptures are inspired by God and declare His design and plan for mankind.
- There is only one true God who is revealed in three persons: Father, Son and Holy Spirit (commonly known as the Trinity).
- Jesus Christ, as God's son, was both fully human and divine.

We are proud of our affiliation with the Assemblies of God and our Pentecostal tradition. We are also proud to be a welcoming community for students from all Christian backgrounds and denominations. Our campus includes many Baptists, Presbyterians, Methodists, etc., as well as nondenominational students. Everyone shares a strong commitment to knowing Christ and making Him known, and we celebrate our theological similarities while appreciating our differences.

Life Statement

SEU is more than a university; it is a community that transforms students. Joining this Christ-centered community obligates each student to embrace a set of core values centered on scriptural and civilized behavior. The core values of the SEU community are: authentic spirituality, a Christ-centered world-view, character development for ethics in life, servant leadership, academic and professional excellence, and cultural sensitivity.

Community Covenant

Since members of this faith-based community have voluntarily chosen to be a participant, all students are obligated to a code of scriptural and community standards and behavior. As a Christ-follower and member of the community of SEU, I will:

- Practice the spiritual disciplines—regular reading of God's Word, prayer, etc.
- Understand that regular attendance at church services is expected
- Uphold the community standards
- Pursue integrity and practice professional ethics
- Adhere to guidelines of dress code
- Respect the dignity of all persons and highly value the diversity of the body of Christ
- Respect the rights and property of others
- Discourage bigotry, slander, and gossip among the members of the community and will refuse to engage in such behavior
- Refrain from the possession, use or distribution of beverage alcohol (except for communion), marijuana, or other intoxicants either on or off university premises

- Refrain from the possession, use or distribution of tobacco products either on or off university premises
- Refrain from the possession, use or distribution of illegal substances and the abuse or illegal use of legal substances, including prescription and over-the-counter medications either on or off university premises
- Refrain from all sexually immoral behavior including: premarital sex; adultery; lesbian, gay, bisexual, or transgender behavior; and involvement with pornography in any form. (Biblical marriage consists only of a faithful, heterosexual union between one genetic male and one genetic female, and biblical marriage is the only legitimate and acceptable context for a sexual relationship)
- Resolve conflict according to the model in Matthew 18:15-20
- Honor the servant-leaders who watch over this community and cooperate with their leadership
- Demonstrate compassion for others and a passion for the lost as a representative of Christ

Faith/ Community Questions (to be completed by student)

1. Have you accepted Jesus Christ as your Savior and Lord? _____
2. Do you agree to abide by the SEU Community Life Statement? _____
3. Have you ever been dismissed from a school for academic or disciplinary reasons? _____
4. Have you ever been convicted of a felony? _____

SEU LINK Post-Secondary Transition Program

Release and Exchange of Information Form

SEU LINK considers and regards all written documents obtained to verify a disability and process this application as confidential. However, it may be necessary for our faculty/staff to exchange some information about the applicant with SEU faculty and staff in order to process this application. This exchange will occur only with your written permission, as given in this document below.

Applicant Name _____ SS# _____

I, on behalf of myself or as a parent or guardian on behalf of the applicant, agree, as part of the application process, to waive any right to access all submitted applicant recommendation forms. Additionally, I hereby give permission for SEU LINK to use the applicant's photograph and/or quotes and videotapes of the applicant for public relations and/or training purposes. I am aware that the applicant is seeking admission to a program funded by student tuition and possible state and/or federal educational funding and that aggregate data (data about entire group) from this program will be collected and disseminated.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

State of Florida, County of _____

Sworn to (or affirmed) and subscribed before me by means of physician presence or online notarization this _____ day of _____, 20____, by _____ (print or type name of signatory).

Signature of Notary Public

Print/Stamp Name: _____

Personally Known or Produced Identification

Type of Identification Produced: _____

SEU LINK Program
Academic Transcript Request

To the applicant:

Use this form to request an official copy of your school transcripts be sent to the SEU LINK Program at Southeastern University.

To the registrar/counseling office:

School Name

Street Address

City

State

Zip

Please send one (1) copy of my school transcript or records to:

SEU Link Post-Secondary Transition Program
ATTENTION: Program Director
Southeastern University College of Education
1000 Longfellow Boulevard
Lakeland, Florida 33801
LINK@seu.edu

Contact your school to determine transcript fee prior to mailing this form.

Amount enclosed: \$_____

Student Information

Last Name

First Name

MI

Street Address

City

State

Zip

Dates I Attended: _____ Last 4 digits of Social Security Number: ----- _____

Signature

Date