

# **SEU LINK**

## **Post-Secondary Transition Program**

### **Student Application Packet**

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*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 Accomplishment.

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

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

\*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?

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Mailing Address of Responsible Party:

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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

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## 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? <b>Yes</b> <b>No</b>	Name _____ Relationship to Student _____ Phone number _____ Email address _____ Contact in an emergency? <b>Yes</b> <b>No</b>
Name _____ Relationship to Student _____ Phone number _____ Email address _____ Contact in an emergency? <b>Yes</b> <b>No</b>	Name _____ Relationship to Student _____ Phone number _____ Email address _____ Contact in an emergency? <b>Yes</b> <b>No</b>



# Medical History

Please complete the SEU medical health information form

## Education History

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

What type of diploma? \_\_\_\_\_

From: School Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Were any accommodations used? Yes No

If yes, list the accommodations

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Please list any assistive technology used

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## Vocational History

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

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

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Extracurricular Interests/ Activities

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# SEU LINK Post-Secondary Transition Program

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

Name of Student \_\_\_\_\_

What are your goals for the future?

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What kind of work would you like to do?

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What is your long term goal for your living situation?

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

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# 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?

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What kind of work does the student like to do?

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

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

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# 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.**

<b>DOMESTIC SKILLS</b>				<b>COMMENTS</b>
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	
<b>VOCATIONAL SKILLS</b>				
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	
<b>PERSONAL MANGEMENT SKILLS</b>				
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**

<b>COMMUNITY SKILLS</b>				
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	
<b>LEISURE SKILLS</b>				
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.**

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Other:	INDEPENDENT	WITH ASSISTANCE	NEVER ATTEMPTED	





**Student Page 2**

<b>COMMUNITY SKILLS</b>				
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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: \_\_\_\_\_

## AFFIRMATION OF INFORMATION PROVIDED BY APPLICANT

I, on behalf of myself or as parent or guardian of the student applicant, hereby certify that all statements on this application are true and correct. I understand that admission to and subsequent enrollment in the SEU LINK program at Southeastern University depends upon the accuracy of the information provided on this application. I understand that any falsification, misrepresentation, or omission of facts will result in the denial of admission to the program, or dismissal from the program if already admitted. If the Admission Committee deems it necessary, I authorize a thorough investigation to be made in connection with this application concerning the applicant's character, general reputation, personal characteristics, employment, education background, and criminal record, whichever may be applicable.

I, on behalf of myself or as parent or guardian of the student applying for admission, specifically authorize any employer, law enforcement agency, local, state, and federal, and references to release any and all information requested by the SEU LINK program concerning my admission. I understand this investigation may include interviews with third parties such as family members, church leaders, educators, employers, friends, neighbors and others with whom the applicant is acquainted. I also affirm that if accepted for admission, the applying student will abide by the policies of SEU LINK and SEU, including but not limited to the principles set forth in the SEU Vision Statement, Life Statement, Community Covenant, and other expectations as outlined in the SEU Student Handbook.

I have read and affirm as my own the above statements.

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Applicant's Printed Name

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Applicant's Signature (if possible)

Date

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Parent/Guardian's Printed Name

Date

---

Parent/Guardian's Signature

Date

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Relationship to Applicant

**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:

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School Name

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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 Coordinator  
Southeastern University College of Education  
1000 Longfellow Boulevard  
Lakeland, Florida 33801  
[LINK@seu.edu](mailto:LINK@seu.edu)

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

Amount enclosed: \$\_\_\_\_\_

**Student Information**

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Last Name

First Name

MI

---

Street Address

City

State

Zip

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

---

Signature

Date