



MISSISSIPPI STATE UNIVERSITY™

COLLEGIATE RECOVERY COMMUNITY

Collegiate Recovery Community Application

There is a rolling application deadline for acceptance into the Collegiate Recovery Community at Mississippi State University and applications will be accepted year-round.

Eligibility

- Acceptance into Mississippi State University
- Complete and Continuous Abstinence of Six (6) months from Alcohol and other Drugs and/or all Process Addictions
- Interview with CRC Faculty and Staff
- Active Participation in a Twelve-Step Recovery Program or Equivalent Recovery Program
- Commitment to Service
- Commitment to CRC Program Requirements:
 - Attend weekly Seminar Classes
 - Attend weekly Recovery Meetings
 - Attend weekly “MSU Recovery Night” Meetings
 - Sign up to meet with your Academic Advisor each semester

If you are willing and able to meet the requirements for the Collegiate Recovery Community at Mississippi State University please complete the application below. If you have any questions, contact us at (662) 325-3192 or e-mail at msucrc@msstate.edu.

All inquiries are confidential.

Checklist for Application

- Currently applying to Mississippi State University or currently enrolled student at Mississippi State University
- Completed Collegiate Recovery Community Application
- Three (3) Letters of Recommendation from varying individuals for verification of recovery (See Recommendation Forms below- form AND a letter)
- Biographical Statement: Personal recovery story in your own words (2-3 pages)
- Clinical Interview with CRC Faculty and Staff
- Please attach a photo of yourself for filing purposes



Collegiate Recovery Community Application

Personal Information

Date: _____

Entering Semester: Spring Fall Summer Year: 20____

Name: _____
Last First MI

Date of Birth: _____ Recovery Date: _____

Gender: _____ Race or Cultural Identity: _____

Phone: _____
Cell Permanent

Email: _____ MSU Student ID: _____

How would you prefer us to contact you? Phone Email

Local Mailing Address: _____

Permanent Mailing Address: _____

Marital Status

Single Married Divorced Other

If married, spouse's name _____

Children? Yes No If yes, number of children and ages: _____

Are you employed? Yes No If yes, Fulltime Part-time

Employer: _____ Supervisor: _____

Street: _____

City, State, Zip: _____

Office Number: _____

Education Information

Did you graduate from high school? Yes No **If yes, graduation year:** _____

High School and City, State: _____

High school GPA: _____

If you did not graduate from high school did you obtain a GED? Yes No

If yes, date completed: _____

Are you currently enrolled at Mississippi State University? Yes No

If yes, please indicate: Full time Part Time

Major: _____ **Minor:** _____

Current GPA: _____ **Total Hours Completed:** _____

If no, have you applied? Yes No **Semester/year** _____

Have you attended Mississippi State University before? Yes No

If Yes, last attended: Fall Spring Summer **Year:** _____

Did you come to Mississippi State University because of the Collegiate Recovery Community?

Yes No

Did you transfer to Mississippi State University? Yes No

If yes, reason for transferring to MSU? _____

Have you attended any other colleges or universities? Yes No

1. University: _____ **City, State:** _____

Last Attended: _____ **GPA:** _____

2. University: _____ **City, State:** _____

Last Attended: _____ **GPA:** _____

3. University: _____ **City, State:** _____

Last Attended: _____ **GPA:** _____

List your addictions and the recovery date for each:

1. _____ **Date:** _____

2. _____ **Date:** _____

3. _____ **Date:** _____

4. _____ **Date:** _____

Treatment History

Have you received addiction treatment? **Yes** **No**

Type of treatment: **Inpatient** **Outpatient** **Residential**

Please list treatment services or centers: _____

Please answer the following questions. You may attach another piece of paper if you need more space to fully answer the questions.

1. What does recovery mean to you? Also, please explain how recovery plays a part in all areas of your life.

2. How do you see academics enhancing your recovery?

3. Briefly describe what you want to accomplish with your degree from MSU?

4. What challenges and or obstacles do you predict you may encounter as you continue your education?

5. How are you connected to your current recovery community? Home Group, Treatment Center Alumni, etc.

6. Briefly describe how you will integrate respect, gratitude, and service in the Collegiate Recovery Community?

7. **In addition to the questions above, please write a Personal Statement: a 2-3 page essay that describes your path to recovery. Please attach the essay to your completed application.**

By signing, you are acknowledging the information provided within this application is accurate and true to the best of your knowledge. Any misrepresentation may lead to non-admittance or dismissal from the MSU Collegiate Recovery Community Program.

Student Signature: _____ Date: _____

***Information gathered will not be shared with any entities outside of the Collegiate Recovery Community within the Health Promotion and Wellness office of Mississippi State University.**



COLLEGIATE
RECOVERY COMMUNITY

P.O. Box 6346,
140 Magruder Street
Mississippi State, MS 39762
Voice: (662) 325-2090

Collegiate Recovery Community Application

Reference Form and Letter

The person whose name appears below has applied for admission to the Collegiate Recovery Community at Mississippi State University and has listed you as a reference.

Applicant Name: _____
Last First MI

Name of Person Completing Recommendation: _____

Phone: _____ **Email:** _____

How long have you known applicant? _____

In what capacity? _____

Do you know this applicant well enough to verify six months of continuous abstinence from substances and/or addiction behaviors? Yes No

What length of abstinence can you verify for this applicant? _____

Please check the appropriate evaluation:

	Superior	Above Average	Average	Below Average	Can't Evaluate
Perseverance					
Motivation					
Organization					
Responsibility					

In a separate TYPED letter, please discuss your evaluation of the applicant's likely success in continued recovery and higher education.

Signature: _____ **Date:** _____

Position Institution: _____

Please attach reference letter and Return to: Collegiate Recovery Community
P.O. Box 6346, 105 Lee Blvd.
Mississippi State, MS 39762



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