

COLLEGE of CHARLESTON

MULTICULTURAL STUDENT PROGRAMS AND SERVICES

SPECTRA 2008 **(Summer Session II: July 6 – August 7, 2008)**

SPECTRA is a four and one half week summer residential program designed to assist incoming students of color and/or first generation students in making a smooth transition from high school to college. SPECTRA provides an opportunity for up to 100 students to enroll in two summer school classes, stay on campus and participate in co-curricular activities which gives them a great start on their academic experience. SPECTRA is very challenging, therefore we provide tutors, study time and peer counselors to help them navigate through the program. We require all SPECTRA students to stay on campus for the length of the program **(including weekends)**.

To be eligible for the SPECTRA summer program, you must:

1. Be accepted by the College for the fall 2008 semester. If you have any questions about your status, please contact your admissions counselor.
2. File your FAFSA (Free Application for Federal Student Aid) by **March 1, 2008** to be considered for priority financial aid at <http://www.fafsa.ed.gov/>.
3. Complete and file your health form with Health Services prior to **July 8, 2008**.. The link is <http://www.cofc.edu/~stuhealth/>.
4. Confirm your intention to enroll to College of Charleston for the fall 2008 semester by paying either the **\$100** or **\$300** confirmation enrollment fee by **April 1, 2008**. The entire sum needs to be paid at one time. This payment should be mailed directly to: **Office of Admissions • College of Charleston • Charleston, SC 29424**. (The Office of Multicultural Student Programs and Services cannot accept confirmation enrollment fees.) If you have questions about or difficulty paying your confirmation enrollment fee, please contact the Office of Admissions at: **843.953.5670** or admissions@cofc.edu. Without payment of the enrollment confirmation fee, we cannot extend a SPECTRA invitation to you.
5. Return the entire SPECTRA application packet by **May 1, 2008** to: **Multicultural Student Programs and Services • College of Charleston • Charleston, SC 29424**. In the event that all spaces are filled for the SPECTRA summer program prior to the May 1, 2008 deadline, we will place your name on a waiting list.
6. Attend a **New Student Orientation session** prior to **July 8, 2008**. The Office of New Student Programs will assist you with registering for an orientation session. Visit their website at: <http://www.cofc.edu/~nsp/> or call **843.953.2017**.

The Division of Student Affairs: Live. Learn. Grow.

For office use only:

V _____

M _____ } _____

ACT _____ = _____

R _____ / _____ = _____ %

GPA (W) _____ (U) _____

Accepted to College? _____

Confirmation Fee Paid? Yes / No

Date Paid: _____

COLLEGE of
CHARLESTON

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**Application for 2008 SPECTRA Summer
Pre-College Program**

I. STUDENT INFORMATION

CofC College ID Number _____

Name _____, _____
Last First MI

Nickname _____

Address _____

City State Zip Code

Telephone #1: _____ Telephone #2: _____

Email _____

Country of Citizenship _____

II. ACADEMIC INFORMATION

Name of High School _____

City State

Intended Academic Major Intended Occupation/Career

III. Have you ever been on probation, suspended, dismissed or otherwise subject to any academic or disciplinary sanction from any school? ___ Yes ___ No If yes, please attach personal statement describing the sanction.

IV: Do you have you any convictions, guilty pleas, judicial findings of guilt, or charges pending for any criminal offenses (including juvenile offenses) other than minor traffic violations? ___ Yes ___ No If yes, please attach personal statement.

You are required to report any sanction that occurs subsequent to your application.

IV. Essay Question

Please type a 500 – 800 word essay on the following question and attach to your application. This essay will give you the opportunity to show us your ability to write, to develop an argument, and to think logically. It also provides an opportunity for you to give us some additional insight into who you are – how you think and what you will be like as a student. Take some time with this essay, since it is your best chance to go beyond what the numbers tell us.

“At the College of Charleston, we acknowledge diversity as a core value of our institution and a fundamental component of a quality education. It is illustrated in our ongoing efforts to enhance existing initiatives for students of color and/or first generation by exploring new ways to advance inclusion and equity on our campus.” (2006) We are seeking students for the SPECTRA program who have a strong academic potential to be successful, are willing to become personally involved and proactive with the on-going efforts of the College, to enhance a positive campus environment for students of color, and are goal oriented. Why do you want to attend the four and a half week, residential pre-college program? What strengths will you bring with you to the College that will help augment diversity? How will this program enhance your success as a student at the College of Charleston?

Please send this application and your essay to:

**Teresa Smith, Director
SPECTRA 2008
Multicultural Student Programs and Services
College of Charleston
66 George Street
Charleston, SC 29401
Phone: (843) 953-5660 Fax: (843) 953-5676**

Office Use Only!

CofC ID:



V. TO THE APPLICANT

Important! All applicants must read and certify below with signature.

I certify that all information provided on the application is correct and complete and that it may be disclosed for consideration of admission to the SPECTRA pre-college program. I understand that I am responsible for making sure all documents arrive by the deadline. I also understand what is expected of me as a SPECTRA pre-college student and agree to abide by the College of Charleston's Honor Code and Code of Conduct.

Signature of applicant

Date

Complete this portion of form and give it to persons who are submitting recommendations on your behalf.

SOCIAL SECURITY NUMBER: (Required) _____ - _____ - _____

Applicant's Name: _____

Address: _____

City

State

Zip Code

**Teresa Smith, Director
SPECTRA 2008
Multicultural Student Programs and Services
College of Charleston
66 George Street
Charleston, SC 29401
Phone: (843) 953-5660 Fax: (843) 953-5676**

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VI. TO THE PERSON COMPLETING RECOMMENDATION:

Thank you for agreeing to complete this form. The student named above is applying for the SPECTRA 2008 pre-college program. This pre-college program gives the student an opportunity to take two classes that count towards CofC graduation, live on campus, and take part in activities, lectures and leadership sessions that will enhance their success as an incoming freshmen. In order to consider the applicant for the SPECTRA 2008 Pre-college program, this form must be completed and returned in a timely manner. Thank you,

Information for Recommendation #1:

1. Name _____

2. Mailing address _____

_____ City _____ State _____ Zip Code _____

3. How long have you known the applicant? _____

4. In what capacity have you known the applicant? Check all that apply:

Personal observation and contact with student School Records

Teacher Other counselors' observations Other (specify) _____

In making the following ratings, please think about this student's ability to complete academically challenging program successfully, participate in extra-curricular activities with students of diverse backgrounds, and make successful transition into the College of Charleston.

Additional comments may be submitted on a separate sheet of paper.

Qualities	Average or below	Good	Excellent	Outstanding	One of the best	No basis for judgment
Strength of Academics						
Commitment						
Character & Integrity						
Reaction to Setbacks						
Leadership skills						
Emotional Maturity						
Reliability						
Initiative						

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Information for Recommendation #2:

1. Name _____

2 Mailing address _____

_____ City _____ State _____ Zip Code _____

3. How long have you known the applicant? _____

4. In what capacity have you known the applicant? Check all that apply:

Personal observation and contact with student School Records

Teacher Other counselors' observations Other (specify) _____

In making the following ratings, please think about this student's ability to complete academically challenging program successfully, participate in extra-curricular activities with students of diverse backgrounds, and make successful transition into the College of Charleston.

Additional comments may be submitted on a separate sheet of paper.

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