



**UNIVERSITY OF TEXAS AT AUSTIN
UNIVERSITY HEALTH SERVICES
CENTER FOR STUDENTS IN RECOVERY (CSR)
PROGRAM APPLICATION**

Center for Students in Recovery (CSR) welcomes applicants who are in recovery from either or both of the following conditions:

- Alcohol and/or Other Drug (AOD) Dependence
- Adult Children of Addiction (ACOA) Syndrome

CSR applicants must meet the following requirements:

1. Applicants must gain admission to the University of Texas at Austin through normal admission process.
2. Applicants must document consistent participation in and commitment to a 12-Step or other structured program of recovery.
3. Applicants must provide at least three letters of recommendation from individuals who can attest to their recovery and academic potential. CSR staff verifies all recommendations.
4. AOD applicants must document a minimum of 30 days of continuous abstinence from alcohol and other drugs.

Please type or print clearly in black ink.

Date _____

UTEID _____

Last Name _____

First Name _____

Middle Name _____

Date of Birth _____

Sex: Male Female

Permanent Address _____

Permanent Phone (_____) _____

Local Address _____

Local Phone (_____) _____

Email Address _____

Of which country are you a Citizen? _____

Are you classified as a Texas resident? _____

High School (include city and state) _____

Graduating Class Rank (percentile) _____ ACT/SAT Scores _____

Are you currently enrolled or have you previously been enrolled at the University of Texas at Austin? Yes No

If yes: Hours completed _____ Cumulative GPA _____

Last Attended _____

Other Colleges and Universities Attended:

1. _____ Hours _____ GPA _____ Last Attended _____

2. _____ Hours _____ GPA _____ Last Attended _____

3. _____ Hours _____ GPA _____ Last Attended _____

List any activities, interests, honors, and/or special talents or skills that might be of interest to the admissions and scholarship committees: _____

Briefly, what do you want to do with your college degree? _____

What is your dry/clean and/or ACOA start date? _____

AOD Only: List your primary drugs & addictive behaviors:

1. _____

2. _____

3. _____

ACOA Only: List your primary ACOA issues:

1. _____

2. _____

Please list counseling and/or 12-Step and other recovery support groups that you regularly attend, including verification numbers for each:

Group _____

Verifying Individual _____ Phone Number _____

Group _____

Verifying Individual _____ Phone Number _____

Group _____

Verifying Individual _____ Phone Number _____

Please list any treatment programs, halfway houses, prisons, and/or mental hospitals that you have attended:

1. Facility _____ Dates _____

Diagnosis or reason for stay _____

2. Facility _____ Dates _____

Diagnosis or reason for stay _____

Please list the names, addresses and occupations of three people who can attest to your recovery and academic potential. Please provide each with a copy of the enclosed form (p.5) to fill out and return to the address listed on the top of the form. If necessary, advise them of any deadline that you are to make. Only one of these individuals may be related to you. All recommendations will be verified.

1. Name _____

Occupation _____ Phone _____

Address _____

Email _____

2. Name _____

Occupation _____ Phone _____

Address _____

Email _____

3. Name _____

Occupation _____ Phone _____

Address _____

Email _____

Attach to this application a biographical narrative that includes the following information:

- **Your educational and career goals**
- **Your addiction and recovery experience**
- **Why you feel as though you would be an asset to this program**

Please limit the length of this narrative to two pages, typed and double-spaced.

**Return application to: Laura Jones-Swann, Coordinator
Center for Students in Recovery
University Health Services - ADEP
P.O. Box 7339
Austin, Texas 78713**

Waiver: I understand that the processing of this application and granting admission to the CSR program may compromise anonymity, in as much as membership to CSR may be discussed with other UHS professional staff.

Signature _____

Date _____

Center for Students in Recovery (CSR)
Letter of Recommendation

Please return to: **Laura Jones-Swann, Coordinator**
Center for Students in Recovery
University Health Services - ADEP
P.O. Box 7339
Austin, Texas 78713

Applicant's Name _____

The person whose name appears above has applied for admission to the UT Center for Students in Recovery. CSR seeks to admit students who demonstrate academic potential and performance and a genuine commitment to recovery. Your evaluation of the applicant will help CSR staff during the admission process.

How long have you known the applicant? _____

In what capacity? _____

Do you know this applicant well enough to verify at least 30 days of continuous abstinence from alcohol & other drugs and/or commitment to ACOA recovery? YES NO

Please give applicant's clean/dry and/or ACOA start date, if known _____

Please check the appropriate evaluation:

	SUPERIOR	EXCELLENT	ABOVE AVERAGE	BELOW AVERAGE	CAN'T EVALUATE
Intelligence					
Perseverance					
Motivation					
Organization					
Responsibility					
Dedication to Recovery					

What recovery resources does this applicant utilize, and how consistent is his/her effort? ____

On a separate sheet of paper, please discuss your evaluation of the applicant's likely success in continued recovery.

_____ **Date** _____ **Print Name** _____ **Signature**

_____ **Phone #** _____ **Email Address**