

AUGSBURG UNIVERSITY STEPUP[®] PROGRAM

Collegiate Recovery Community Application for University of St. Thomas Students

There is a rolling application deadline for acceptance into the Collegiate Recovery Community at Augsburg University and applications will be accepted year round. Program entrance starts at the beginning of each academic term only.

Eligibility

- Acceptance into the University of St. Thomas as an undergraduate student.
- Complete and continuous abstinence of six (6) months from alcohol or other drugs and/or all process addictions.
- Interview with StepUP staff.
- Active Participation in a twelve-step recovery program or equivalent recovery program.
- Commitment to service.
- Commitment to StepUP requirements:
 - Attend weekly circle meetings
 - Attend weekly recovery meetings
 - Attend weekly meetings with counselor
 - Actively working toward academic success

If you are willing and able to meet the requirements for the StepUP program at Augsburg University please complete the application below. If you have any questions, contact StepUP at 612-330-1405 or email at stepup@augsborg.edu. *All inquiries are confidential.*

Checklist for Application

- Currently applying for admission to the University of St. Thomas or currently enrolled undergraduate student at the University of St. Thomas.
- Completed StepUP application.
- Two (2) letters of recommendation from varying individuals for verification of recovery (see recommendation forms below- form AND letter required).
- Clinical interview with StepUP staff.
- Latest discharge summary (if applicable).

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Office use only: Interview Date: _____
Interviewer initials: _____

Date: _____ Semester that you are applying to (circle one) Fall / Spring Year _____

Last Name _____ First _____ Middle _____

Age _____ Date of Birth _____ Sober date _____

Current phone (Cell) _____ / _____ - _____ Permanent phone _____ / _____ - _____

Current mailing address _____ Permanent mailing address _____

Please indicate which address you will want StepUP correspondence to be mailed to: Current ___ Permanent ___

Email address _____

How did you find out about the StepUP Program? Who referred you? Do you know anyone currently in StepUP?

Are you a first generation college student? Yes No

PARENTS/GUARDIANS (address and phone numbers)

Name: _____ **Phone:** _____

Address: _____

Email: _____

Name: _____ **Phone:** _____

Address: _____

Email: _____

Brothers or sisters? _____

Are your parents or siblings in recovery? Are they attending support groups such as Al-Anon or Alateen?

How would you describe your present relationship with your parents/guardians?

Do we have your permission to communicate with your parents/guardians during the application process? Yes: ____
 No: ____

Chemical Use History

Do you believe you are chemically dependent? Yes No Other: _____

Primary Drug(s) Used (please indicate your DOC):

Chemical	How often	How much	How long

Other/comments:

Treatment History: (program names and dates attended)

_____ Complete? Yes/No
 _____ Complete? Yes/No
 _____ Complete? Yes/No

Please list all Halfway Houses, Sober Houses, Aftercare Services - names and dates attended

_____ Complete? Yes/No
 _____ Complete? Yes/No
 _____ Complete? Yes/No

Do you have concerns about other addictions or behaviors such as gambling, sex, exercise, shopping, money issues, issues with food, etc? If yes, have you participated in any treatments or self-help groups?

_____ Complete? Yes/No
 _____ Complete? Yes/No

Tobacco: Nonsmoker ____ Smoker ____ Dip/Chew ____ Thinking about quitting? Yes No

Mental Health History or Concerns:

Have you been diagnosed with a mental health disorder? If yes, please explain when and where you were diagnosed.

Have you ever abused prescribed medications?

Are you currently taking medications as prescribed? Yes No

If yes please list what medications you are taking and amounts:

History of: Eating Disorders? Yes No Self-injurious behaviors? Yes No ADHD? Yes No

Comments:

Mental Health Services

Psychologist name/location: _____ Current? Yes/No

Psychiatrist name/location: _____ Current? Yes/No

How long have you been seeing your current psychologist/psychiatrist/counselor? How often?

When was the last time you received counseling, therapy or medication monitoring?

Names and dates attended

_____ Complete? Yes/No

_____ Complete? Yes/No

EDUCATION

Have you received: **High School Diploma** GPA _____ **G.E.D.** GED Score _____

High School Name _____ City _____ State _____

Last Grade Completed _____ Diploma Year _____

Date and location completed _____

Colleges attended & credits completed:

_____ GPA _____

_____ GPA _____

_____ GPA _____

Educational Plans: (Desired Major/Interests)

Have you ever received educational accommodations/services?

Do you have any learning challenges? Yes No

Have you received educational testing, an IEP or educational support?

Recovery Needs:

What are your primary reasons to continue in a life of recovery?

Do you have a history of relapse? If yes, please explain.

What do you do in your life to protect your recovery?

Have you been a member of a faith community and are you a member now? What role does faith play in your recovery?

How do you identify culturally/racially/ethnically/gender/sexual orientation? Have your identities presented any challenges for you in your life? (racism, discrimination and/or oppression)

What challenges will you face while striving to be successful in college AND maintaining a healthy recovery program?

How do you see academics enhancing your recovery?

Hobbies, sports and/or outside interests

Medical

What are your current medical needs or concerns?

Legal Issues/Concerns:

Is StepUP currently recommended by the courts or are you under any pressure to attend? Yes No

What are your past and/or current legal issues?

If a release of information is necessary for anyone including; an attorney, probation or parole officer, please include their name and phone number here.

Name: _____ Phone#: _____

The Student Agreement - Have you reviewed the StepUP program Agreement? Yes No

What questions do you have regarding the Agreement? (Please note that you will be expected to sign and follow the agreement as a member of the StepUP Community).

The information I have given in this form is accurate and true to the best of my knowledge. Any misrepresentation may lead to non-admittance or dismissal from the StepUP Program.

Prospective Student Signature: _____ Date: _____