

# The University of Mississippi

## Summer College For High School Students

### 2009 Application Packet

**Thank you for considering Ole Miss as a place to spend part of your summer!** The Summer College for High School Students offers students entering the eleventh and twelfth grades a taste of college life, gives them new friends and contacts, teaches time management, encourages better study habits, and provides a head start on earning college credit.

The Summer College for High School Students is divided into Institutes and Programs. Institutes are available to any student that meets one of the three Summer College admission options listed below. Programs require that one of the three admissions criteria are met AND an applicant to have an ACT score of at least 24 or a SAT score of at least 1090 (CR+M). The Summer College will offer Institutes in Art, Business Administration, Health Professions, Intensive Spanish, Journalism, Liberal Arts, and Pre-Law and Legal Studies. The Summer College will offer Programs in Computer Science, Engineering, Liberal Arts, and the PACE-Honors Program.

### Eligibility

*Because Summer College Students take real college courses and some of the curricula of these courses are advanced, students must meet the following criteria:*

- You must be a student in good academic and conduct standing in the tenth or eleventh grade (Senior Classes of 2010 and 2011) at the time of admission. The school can be public, private, parochial or even home-educated.
- You must have permission to attend Summer College from your principal (indicated by principal's signature on the application packet).
- You must have two recommendation forms from teachers (included in the application packet).
- In addition to the requirements listed here, Programs require a minimum ACT/SAT score. Institutes do not require a minimum ACT/SAT score.
- You must satisfy one of the three admission options listed below:
  - ▶ Option 1: You must have 15 high school credits\* (or show proof you will have 15 credits by the end of the current school year) and a minimum 3.2 GPA.
  - ▶ Option 2: If you have at least a 25 on the ACT, or an 1130 on the SAT, and at least a 3.5 GPA, you may be admitted with only 10 high school credits\*.
  - ▶ Option 3: If you are a Mississippi resident seeking dual credit (college credit and high school credit), you can be admitted if you have at least a 2.5 GPA on 14 high school credits\*. In order to use this method of admission, your high school must send a letter with your application stating that the school has agreed to accept the courses to be taken for dual credit. Applicants using this option cannot enroll in a Program with a minimum ACT/SAT score unless they meet the minimum score.

*\* The University of Mississippi counts high school credits that are part of the College Preparatory Curriculum (CPC). Most academic courses (including all core classes) fit this description. Examples of credit that are not counted include credit for sports and certain vocational courses. If you are unclear about what UM considers as the College Preparatory Curriculum, please visit our website at <http://www.olemiss.edu/admissions/fap.html>.*

## **How to Apply**

To apply to the Summer College for High School Students, complete this application packet. Return the application and supplemental materials (from check-list below) to the address at the bottom of the page.

### **Application Checklist for Students**

- Application for Admission Form
- Parent/Guardian Information Form
- Principal's Consent and School Information Form
- Two Teacher Recommendation Forms (Envelopes enclosed)
- Transcripts (please include 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup> and Fall Semester 11<sup>th</sup> grade scores and a class schedule for Spring 2009); Attach ACT or SAT scores, if applicable (Envelope enclosed)
- Medical Form and required documentation
- Recent Photograph
- Financial Aid Application and required documentation (optional)

### **Notification of Acceptance**

When the application review process is completed, the Summer College Office will notify students of their acceptance, along with instructions for completing the enrollment process. The first round of acceptances is usually made at the end of February. Students will continue to be accepted on a first-come basis as long as there is space available. Each program is limited in enrollment to 25 students.

### **Contact Information**

Jason E. Wilkins  
Director of Pre-College Programs  
Email: [jewilkin@olemiss.edu](mailto:jewilkin@olemiss.edu)

Phone: 662-915-7621  
Fax: 662-915-1535  
[www.outreach.olemiss.edu/SCHS](http://www.outreach.olemiss.edu/SCHS)

Nadine Ramsey  
Coordinator of Pre-College Programs  
Email: [cnramsey@olemiss.edu](mailto:cnramsey@olemiss.edu)

Summer College for High School Students  
P.O. Box 9  
University, MS 38677

# The University of Mississippi Summer College For High School Students 2009 Application for Admission

For Official Use: Date Received

Student's Name \_\_\_\_\_  
*Last*
*First*
*Middle*
*Name Preferred*

In the Fall of 2009, I will be in the (please check):  Eleventh Grade  Twelfth Grade

What session would you like to attend?  First Session: May 25 - June 23  Second Session: June 24 - July 24  Both

### PERSONAL INFORMATION

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

E-mail \_\_\_\_\_ Race (optional) \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_  
*No. and Street*
*City*
*State/ZIP*

\_\_\_\_\_ T-Shirt Size  S  M  L  XL  XXL  
*Student Home Phone*
*Student Cell Phone*

### RESIDENCY INFORMATION

Are you a United States citizen?  Yes  No If no, what is your country of citizenship? \_\_\_\_\_

State/Province of Residency (US Citizens and Non-US Citizens) \_\_\_\_\_

County/Parish of Residency (US Citizens and Non-US Citizens if applicable) \_\_\_\_\_

Length of Continuous Current Residence:  More than one year  Less than one year

### PROGRAM / INSTITUTE SELECTION

Select the Program or Institute in which you wish to enroll. Keep in mind certain Programs/Institutes are available for only one term (noted below). \*Also, students must have a minimum ACT of 24 or SAT of 1090 to enroll in a Program; Institutes do not require an ACT or SAT score.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Art Institute<br>Session II Only   | <input type="checkbox"/> Business Admin. Institute<br>Available Both Sessions   | <input type="checkbox"/> Computer Science Program<br>Session II Only<br>Choose one (1) SCHS Elective     | <input type="checkbox"/> Engineering Program<br>Available Both Sessions                                     |
| <input type="checkbox"/> Health Professions Institute<br>Available Both Sessions                          | <input type="checkbox"/> Intensive Spanish Institute<br>Available Both Sessions | <input type="checkbox"/> Journalism Institute<br>Available Both Sessions<br>Choose one (1) SCHS Elective | <input type="checkbox"/> Liberal Arts Institute<br>Available Both Sessions<br>Choose two (2) SCHS Electives |
| <input type="checkbox"/> Liberal Arts Program<br>Available Both Sessions<br>Choose two (2) SCHS Electives | <input type="checkbox"/> Pre-Law and Legal Studies<br>Available Both Sessions   | <input type="checkbox"/> PACE Honors Program<br>Session I Only<br>Choose one (1) SCHS Elective           | <input type="checkbox"/> I'm an international applicant.<br>(Classes arranged upon arrival)                 |

If you selected a Program or Institute that involves selecting an elective, please do so below. Number 1-4 your top four choices.

#### INSTITUTE LEVEL ELECTIVES

- \_\_\_ ART 101 Two-Dimensional Design
- \_\_\_ ART 103 Three-Dimensional Design
- \_\_\_ ENGL 101 English Composition I
- \_\_\_ ENGL 102 English Composition II
- \_\_\_ HIS 105 The US to 1877
- \_\_\_ HIS 106 The US since 1877
- \_\_\_ LA 201 Intro to Law

- \_\_\_ MATH 115 Elementary Statistics
- \_\_\_ MUS 103 Intro to Music
- \_\_\_ PHIL 101 Intro to Philosophy
- \_\_\_ PHIL 103 Logic: Critical Thinking
- \_\_\_ POL 101 Intro to American Politics
- \_\_\_ REL 101 Intro to Religion
- \_\_\_ SPCH 102 Public Speaking

#### PROGRAM LEVEL ELECTIVES \*

- \_\_\_ ECON 202 Prin of Microeconomics
- \_\_\_ HIS 101 Europe to 1648
- \_\_\_ HIS 102 Europe since 1648
- \_\_\_ MATH 121 College Algebra
- \_\_\_ PSY 201 General Psychology

**The University of Mississippi  
Summer College For High School Students  
2009 Parent/Guardian Information**

**FAMILY INFORMATION**

**Father's Name** \_\_\_\_\_ Living? \_\_\_\_\_ Occupation \_\_\_\_\_  
*Last First Middle*

His Address \_\_\_\_\_  
*No. and Street City State/ZIP*

His Phone Numbers \_\_\_\_\_  
*His Home Phone His Work Phone His Cell Phone*

His Educational Background:  High School Graduate  College Graduate  Ole Miss? \_\_\_\_\_attended \_\_\_\_\_graduated

**Mother's Name** \_\_\_\_\_ Living? \_\_\_\_\_ Occupation \_\_\_\_\_  
*Last First Middle*

Her Address \_\_\_\_\_  
*No. and Street City State/ZIP*

Her Phone Numbers \_\_\_\_\_  
*Her Home Phone Her Work Phone Her Cell Phone*

Her Educational Background:  High School Graduate  College Graduate  Ole Miss? \_\_\_\_\_attended \_\_\_\_\_graduated

**IF PARENTS ARE NOT AVAILABLE IN AN EMERGENCY, NOTIFY:**

\_\_\_\_\_  
*Name Relationship*

\_\_\_\_\_  
*Address City State/ZIP*

\_\_\_\_\_  
*Home Phone Work Phone Cell Phone*

**PARENT / STUDENT CONSENT**

Do you give permission for your child to be: Photographed / videotaped for instruction / publicity?  Yes  No  
Taken on class/weekend trips by The University of Mississippi?  Yes  No

\_\_\_\_\_  
*Name of Local Newspaper Email Address of Local Newspaper (if known)*

\_\_\_\_\_  
*Address of Local Newspaper City State/ZIP*

\_\_\_\_\_  
*Student Signature Date*

\_\_\_\_\_  
*Parent/Guardian Signature Date*

**CERTIFICATION**

I certify that none of the information in this application packet is false or has been withheld. I understand that giving false information or withholding information may make me ineligible for admission or to continue at The University of Mississippi.

\_\_\_\_\_  
*Student Signature Date*

# The University of Mississippi Summer College For High School Students 2009 Principal's Consent and School Information

## **COMPLETED BY PARENT**

I give my permission for the release of my child's transcripts, test scores, and academic information to the Summer College for High School Students at the University of Mississippi.

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Student's Full Name

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Parent/Guardian Name (PRINT)

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Parent/Guardian Signature

Date

## **COMPLETED BY PRINCIPAL**

I, \_\_\_\_\_ give my permission for this student to attend  
Please Print First and Last Name

The University of Mississippi's Summer College for High School Students for 2009. I certify that this student is in good academic and conduct standing at our school.

---

Principal's Signature

Date

## **COMPLETED BY COUNSELING STAFF\***

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Name of School

---

Counselor (Academic Opportunities or Junior Class)

Email

---

School Address

---

City

State

ZIP Code

---

Phone

Fax

**\*PLEASE PROVIDE A COPY OF THIS STUDENT'S STANDARDIZED TEST SCORES AND HIS/HER ACADEMIC TRANSCRIPT COVERING CREDIT GRANTED FROM THE EIGHTH GRADE UNTIL THE PRESENT, INCLUDING THE FALL 2008 SEMESTER. PLEASE ALSO INCLUDE A COPY OF THE STUDENT'S SPRING SEMESTER. THIS CAN EITHER BE GIVEN TO THE STUDENT IN A SEALED ENVELOPE TO BE INCLUDED IN THEIR APPLICATION PACKET, OR MAILED DIRECTLY TO:**

**Summer College for High School Students  
The University of Mississippi  
P. O. Box 9  
University, MS 38677**

# The University of Mississippi Summer College For High School Students 2009 Teacher Recommendation

**TO THE TEACHER:**

This student is applying for admission to The University of Mississippi's Summer College for High School Students. Your evaluation of the student will be considered by the admission committee to determine the student's eligibility for the program. Your responses are confidential, so please be candid. Please return this form in a signed and sealed envelope to the student, who will mail all forms together.

STUDENT'S NAME \_\_\_\_\_  
Last
First
Middle

1. What words come to your mind to describe the student's academic ability?
  
2. What specific strengths and weaknesses have you seen in the student?
  
3. How would you describe the student's work in your class(es)?

Teacher's Name \_\_\_\_\_  
Please Print Name Here
Teacher's Signature

Position \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_  
No. and Street
City
State/ZIP

**MODIFIED RENZULLI-HARTMAN SCALE**

**DIRECTIONS:** Please read the statements carefully and score according to the scale locate to the right of these directions:

Seldom or never observed this characteristic, score:	1
Observed this characteristic occasionally, score:	2
Observed this characteristic to a considerable degree, score:	3
Observed this characteristic almost all of the time, score:	4
IF UNSURE of characteristic's presence, score as:	X

**STATEMENT**

**SCORE**

1. Displays a great deal of curiosity about many things; constantly asking questions.	
2. Generates a large number of ideas or solutions to problems and questions; often offers unique, clever responses.	
3. Is uninhibited in expression of opinion; is tenacious.	
4. Displays intellectual thoughtfulness; is often concerned with adapting, improving, and modifying institutions, objects, and systems.	
5. Becomes absorbed and truly involved in certain topics or problems; is persistent in seeking task completion.	
6. Needs little external motivation to follow through in assignments.	
7. Strives toward perfection; is not easily satisfied.	
8. Is interested in many "adult" problems such as religion, politics, gender, race - more than usual for age level.	
9. Has an advanced vocabulary; verbal behavior characterized by richness of expression, elaboration, and fluency.	
10. Has rapid insight into cause-effect relationships; tries to discover the how and why of things; asks many provocative questions.	
11. Is a keen and alert observer; usually "see more" or "gets more" out of a story, film, etc., than others.	
12. Reads a great deal on his/her own; does not avoid difficult material.	
13. Carries responsibility well; can be counted on to do what he/she has promised.	
14. Adapts readily to new situations; flexible in thought and action; not disturbed when the normal routine is changed.	
15. Tends to lead others; generally directs the activity in which he/she is involved.	
16. Participation in activities connected with the school; can be counted on to be there if anyone is.	

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Last
First
Middle

1. What words come to your mind to describe the student's academic ability?
  
2. What specific strengths and weaknesses have you seen in the student?
  
3. How would you describe the student's work in your class(es)?

Teacher's Name \_\_\_\_\_  
Please Print Name Here
Teacher's Signature

Position \_\_\_\_\_

School \_\_\_\_\_

School Address \_\_\_\_\_  
No. and Street
City
State/ZIP

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# The University of Mississippi Summer College For High School Students 2009 Medical Form

This form grants permission to Summer College for High School Students and the University of Mississippi for the student to receive medical treatment in the case of any such emergency or need to see a physician arises. **A copy of all insurance forms must be included with this form.**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_

Custodial Parent or Guardian Name \_\_\_\_\_

Place of Employment \_\_\_\_\_

Parent Home Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

*\* Please attach a copy of the card.*

If this child is covered by Medicaid, when does the current policy expire? \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Name of Person Carrying Insurance \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician's Office Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Date of Last Tetanus Immunization or Booster Shot: \_\_\_\_\_

*\* Please attach a copy of this from your doctor's office.*

Please list any medical condition for which your child is being treated at this time: \_\_\_\_\_

\_\_\_\_\_

Is your child under the care of a psychologist/psychiatrist, or being treated for any emotional or mental issues?  Yes  No

If yes, please make sure that you have seen the physician to have your child cleared for participation in this program.

Also if yes, please list any medication taken \_\_\_\_\_

List any other medications taken: \_\_\_\_\_

List any food or medications to which your child is allergic: \_\_\_\_\_

List any restrictions of physical activity that may apply to your child: \_\_\_\_\_

\_\_\_\_\_

Are there any disabilities or conditions that would prevent your child from participating in this program without special accommodations? If yes, what kinds of accommodations are needed? \_\_\_\_\_

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Students who are enrolled in Summer College for High School Students are considered fully enrolled at the University of Mississippi and have access to the University Student Health Center. A medical release is required and the student will not be enrolled in classes until this form has been filled out completely with proof of insurance and immunizations attached. If you have questions, you may call our office.

***Medical Treatment Consent and Liability Release***

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter/ward to receive necessary medical treatment in the event of an injury or illness while attending the Summer College for High School Students at The University of Mississippi. Furthermore, I accept responsibility for full payment of such medical treatment. I hereby hold The University of Mississippi and its representatives harmless in the exercise of this authority.

---

Parent/Guardian Signature

Date

# The University of Mississippi

## Summer College For High School Students

### 2009 Financial Aid Application (optional)

Summer College for High School Students has limited funds available to assist families that cannot meet the cost of the program. Aid is awarded based on need and academic achievement. Aid will only be awarded to U.S. citizens and permanent residents as outlined by the Federal Department of Education's guidelines for federally eligible students. Because our funds are limited, you should talk with your guidance counselor and seek funding help from the community for additional aid.

If you think you might be eligible for aid and would like to request assistance review from our committee, please have your parent or guardian complete this financial aid application and return it with your application for admission to the program. Our committee for financial assistance is independent of that for Admissions; this application will have no bearing on whether or not you are admitted to the Summer College for High School Students program. An application for financial aid will not guarantee an award.

**Deadline for financial consideration is May 1, 2009.** All materials must be received prior to that date for consideration.

**Note: A photocopy of the parent/guardian 2008 income tax return must accompany this application.**

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First Name	Middle Name	Last Name
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Permanent Mailing Address

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City	State	ZIP Code
------	-------	----------

Please check the following regarding your family's circumstances:

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Parents Married      | <input type="checkbox"/> Father Deceased       | <input type="checkbox"/> Mother Deceased    |
| <input type="checkbox"/> Parents Separated    | <input type="checkbox"/> Parents Divorced      | <input type="checkbox"/> Single-parent      |
| <input type="checkbox"/> Parent on Disability | <input type="checkbox"/> Both Parents Disabled | <input type="checkbox"/> Grandparent-raised |

---

Custodial Parent

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Address	City	State	ZIP Code
---------	------	-------	----------

---

Employer's Name

---

Occupation

---

Non-Custodial Parent

---

Address	City	State	ZIP Code
---------	------	-------	----------

---

Employer's Name

---

Occupation

---

Legal Guardian (if applicable)

---

Address City State ZIP Code

---

Employer's Name

---

Occupation

***LIST DEPENDENTS UNDER THE AGE OF 24***

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>School Tuition Paid</u>

Please explain any unusual circumstances that might affect your ability to pay the entire cost of the program. Attach additional pages if necessary: **leaving this section blank makes your child ineligible for financial aid.**

***CERTIFICATION***

I (we) certify that the information furnished in this statement is complete and correct to the best of my knowledge. I further certify that I have not made any false statements in an effort to obtain aid for my child.

---

Custodial Parent/Guardian Signature (Required) Date

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Non-Custodial Parent/Guardian Signature (Optional) Date



# *Affidavit of Financial Support*

Please read the following prior to completing this form:

The purpose of the *Affidavit of Financial Support* is to help the University of Mississippi obtain complete and accurate information about the funds available to international applicants who wish to study at the university. Strict government regulations require the University of Mississippi to verify the financial resources of each international applicant prior to issuance of either the Form I-20 or the DS-2019.

SCHS Students do receive scholarships, though applicants are required to show approximately \$3,000 per 5-week summer term of financial support (though the actual cost is \$1,685 plus expenses). Students must have a plan to support themselves during their entire length of study. All fees are based on estimated costs and are subject to change at any time.

## Please submit the following information:

Student's Name \_\_\_\_\_  
Family Name (Surname)
First Name(Given)
Middle Name (if any)

<b>LIST ALL FUNDING SOURCES TO BE RECEIVED BY STUDENT:</b>			
STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT (IN US DOLLARS)	STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT (IN US DOLLARS)
<b>1. Personal Funds</b>	\$ _____	<b>3. Sponsor Funds</b>	\$ _____
<b>2. Family Funds</b>	\$ _____	<b>4. Scholarship or Government Support</b>	\$ _____

<b>OFFICIAL CERTIFICATION OF SOURCES OF FUNDS</b>	
<p><b>If funds are from scholarship or government support, please attach a signed copy of any letters of award. If funds are from personal, family, or sponsor, please attach an official bank statement not more than 6 months old with the official bank seal and signature of a bank officer. Family and/or Sponsors are required to complete the section below.</b></p>	
<p><b>Certification Statement:</b> This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.</p>	
<b>Parent's Certification</b>	Signature of Parent: _____ Date: (m/d/y): _____
<b>Sponsor's Certification</b>	Full Name of Sponsor (required): _____ <div style="display: flex; justify-content: space-around; font-size: small;"> <span>Family Name (Surname)</span> <span>First Name (Given)</span> <span>Middle Name (if any)</span> </div> Signature of Sponsor: _____ Date: (m/d/y): _____

<p><b>____ PLEASE CHECK IF YOU HAVE A SPOUSE OR CHILD(REN) COMING WITH YOU TO THE U.S.</b></p> <p>Provide the following information about each of your dependent family members on a separate sheet and attach to this form: family name and first name as they appear on their passports, relationship to you (i.e. wife, husband, daughter, or son), date of birth, and city and country of birth. For each year during your stay in the U.S., it is necessary to show an additional \$5,000 for your spouse's expenses and \$3,000 for each child's expenses for their first year of stay in the U.S.</p>
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**I certify that the above information is correct and complete, and that I shall notify the University of any change in my financial circumstances.**

Student's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month
day
year

Office of International Programs • The University of Mississippi • 331 Martindale • University, MS 38677 • USA  
 Phone: (662) 915-7404 • Fax: (662) 915-7486 • E-mail: ipadmiss@olemiss.edu • www.studyatusa.org • www.olemiss.edu