TigerLIFE
Advocacy • Employability • Independence

*Tiger “Learning Independence, Fostering Employment and Education” (LIFE)*

Application Packet
(revised 01/01/2024)

Class size is limited, so for priority consideration, please submit completed application by May 1 for Fall term and October 1 for Spring term in order to be considered for acceptance in the upcoming respective classes.

Mail completed Applications to:

University of Memphis Institute on Disability
C/o Dr. Chrisann Schiro-Geist
100 Ball Hall
University of Memphis
Memphis, TN 38152
Application Selection Process

An Applicate must first schedule an appointment with The State of Tennessee Department of Human Services Vocational Rehabilitation Counselor. The Vocational Counselor must refer you to be considered a candidate for the TigerLIFE Program. Contact https://www.tn.gov/humanservices/ds/vocational-rehabilitation/vr-applying-for-services.html

An Application Screening Committee will review applications and select students for admission. Please do not call about the status of your application, as we will not be able to provide this information for you over the phone. You will receive an email or a letter letting you know of your acceptance.

Note: Due to space limitations, not all applicants who complete the application and meet the criteria for admission can be accommodated in TigerLIFE. However, these students are welcome to reapply.

For the purposes of this process application, the potential student applying for the TigerLIFE program will be referred to as the applicant. The decision to offer or deny admission to the program will be made by the Admissions Committee in their best judgment and in the best interest of the applicant. Admission will be based on the following criteria:

• Applicants must be between the ages of 18-29 at the start of the program.
• The applicant must have a significant cognitive and/or developmental disability that interferes with his/her academic performance.
• The applicant must have sufficient emotional and independent stability to participate in all aspects of the TigerLIFE coursework and campus environment.
• The applicant should be able to sit through 90 minute courses and function independently for 6-hour blocks of time
• The applicant must demonstrate the ability to accept and follow reasonable rules and behave respectfully towards others.
• The applicant must demonstrate the desire to attend TigerLIFE and adhere to the TigerLIFE policies regarding attendance and participation in the coursework and typical University of Memphis classes.
• The applicant must have the potential to successfully achieve his/her goals within the context of the TigerLIFE program’s content and setting.
• The applicant must be able to function within groups of peers.
• The applicant must NOT demonstrate any physical aggression or violence towards staff or students. Physical violence of any kind is grounds for immediate termination from the program.
• The applicant must be able to walk approximately 3 to 5 miles each school day.
• Students must provide any mobility assistance required, including if needed a personal care assistant.
Please understand that our mission is independent living and workforce training. This is not always an easy undertaking.
Both parents and students need to agree to participate at a level commensurate with our standards. TigerLIFE is not an appropriate learning environment for all people with special needs.
Please complete ALL sections of this application. If sections are incomplete, blank or not signed, it may delay processing and ultimately acceptance into the program.

It is acceptable for the applicant to receive assistance, if needed, in completing the application. You may attach additional information and pages for writing space if needed. Some information will be shared with the federal government as a part of UMID’s requirement to continue to receive federal funding. Information not directly related to the applicant’s receiving funding will be de-identified (i.e. no name, address, SS#, etc. will be shared) for the purposes of reporting aggregate program information. No information will be shared with additional outside agencies unless the applicant provides written consent.

Letters of recommendation from teachers are extremely important, too, as these describe current levels of performance across many areas.

Please email UMID@memphis.edu or call (901) 678-4303 if you have other questions.

Please send all admissions materials to:

University of Memphis Institute on Disability
C/o Dr. Chrisann Schiro-Geist
100 Ball Hall
University of Memphis
Memphis, TN 38152
STUDENT INFORMATION

1. Last Name ___________________________  First Name ___________________________  MI _____

2. Home Phone ___________________________  Cell Phone ___________________________

3. Address ____________________________________________________________
   City ___________________________________ State _______ Zip Code ______________

4. Birth date ___________________________  Email address __________________________

5. Gender  __ M  __ F  __ Other

6. Ethnicity  __ Latino  __ Non-Latino

7. Race  __ Asian  __ American Indian or Alaska Native  __ Black or African-American
   __ Native Hawaii or Pacific Islander  __ White  __ Unknown

FAMILY INFORMATION

The applicant lives with:  __ Both parents  __ Mother  __ Father  __ Guardian(s)
   __ Group home (If applicant lives in a group home, please provide the group home name, contact person and
   contact phone number) __________________________________________________________
   __ Other (please specify): ______________________________________________________

Mother/Guardian:

3. Last Name ___________________________  First Name ___________________________  MI _____
4. Home Phone ___________________________  Cell Phone _______
5. Address ____________________________________________________________
   City ___________________________________ State _______ Zip Code ______________
6. Occupation/Employer ___________________________ Work Phone ____________________
7. Email address ___________________________ 

Father/Guardian:

9. Last Name ___________________________  First Name ___________________________  MI _____
10. Home Phone ___________________________  Cell Phone __________________________
11. Address ____________________________________________________________
    City ___________________________________ State _______ Zip Code __________________
12. Occupation/Employer ___________________________ Work Phone ____________________
13. Email address ___________________________
EDUCATION HISTORY
1. High Schools Attended Include ALL high schools including those you attended after graduation (for example, you attended Avon Lenox after graduating from Whitehaven High School)
   (Name, City, State) Years attended Reason for Leaving

2. Did you receive a high school special education diploma or equivalent? (Circle one)  No Yes

3. From (school and address) ________________________________ Date ________________

4. Have you ever applied to the University of Memphis?  No Yes

EMPLOYMENT HISTORY
Note: prior work experience is not a requirement for admission into this program
1.

<table>
<thead>
<tr>
<th>Name of Employer</th>
<th>Paid or Unpaid</th>
<th>Job Responsibilities</th>
<th>Reason for Leaving</th>
<th>Dates at this Job</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

2. Is the applicant currently participating in a work experience, paid or unpaid?  
   If yes, at which of the above jobs? ________________________________

3. Was the applicant ever employed for pay at or above minimum wage prior to entry into the TPSID program? (Y or N)

4. What work experiences does the applicant have an interest in or enjoy? ________________________________

______________________________________________________________
MEDICAL HISTORY

1. Please list any significant medical or physical conditions that may affect the applicant’s participation in classroom, social, or recreational activities on campus, including severe allergies:

__________________________________________________________________________

__________________________________________________________________________

2. Please list any current medications and indicate the condition(s) for which the medication(s) are taken:

__________________________________________________________________________

Note: If the applicant must take medications while on campus, he/she must be independent in administering his/her medications. TigerLIFE does not have the personnel or facility to administer medications. This capability is not included in any of the program or college services.

3. Does the applicant currently receive private therapeutic services, such as physical therapy, occupational therapy, psychiatry, speech therapy, behavioral therapy? If so, please indicate which services:

__________________________________________________________________________

4. Is the applicant independent in self-care such as toileting, and basic hygiene? (Circle one) Yes No

5. List any limitations:

__________________________________________________________________________

__________________________________________________________________________

MEDICAL INSURANCE

1. Name______________________________________________________________

2. Policy Provider and Number__________________________________________

3. Use this page to provide any other medical information that you feel would be important regarding the applicant’s participation in this program.

__________________________________________________________________________

__________________________________________________________________________

EMERGENCY CONTACT INFORMATION (Not a Parent or Guardian):
IN CASE OF AN EMERGENCY, PLEASE CONTACT...

16. ________________________________ at __________________________ OR
   (name)                                                                 (phone)
   ________________________________ at ____________________________
   (name)                                                                 (phone)
CONSERVATORSHIP

Does the applicant have a conservatorship?

_____ Yes   _____ No

If so, please describe the conservatorship, including the conservatorship classification and what rights are removed and retained by the applicant, (this section MUST be filled out if the applicant has a conservator). Please include information regarding who is designated as the conservator of the applicant, including contact information. (If you have a conservatorship, a copy of the conservatorship document must be submitted.)

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

Does the applicant have an alternative to conservatorship, including but not limited to representative payee, durable power of attorney, informed consent, etc.?

_____ Yes   _____ No

If so, please describe.

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________________________________________________________________________
TigerLIFE
Postsecondary Program
Release and Exchange of Information Form

The University of Memphis treats and regards all written documentation obtained to verify a disability and plan for appropriate services as well as all documented services and contracts with the Office of Student Disability Services as confidential. This exchange will occur only with your written permission, as given in this document below, and with the understanding that only information necessary for the purposes of accommodation and academic progress will be communicated. The more sources you permit us to contact, the more accurately and efficiently we are able to process this application.

Applicant Name __________________________________________ SS# __________________________

Please CHECK ALL BLANK LINES BELOW in order to provide us with permission to contact the listed outside sources, and then sign where indicated.

I give permission to exchange information about me with the offices/individuals checked below:

____ School District(s) ____________________________ (The applicant’s high school district(s)
____ School Personnel ____________________________ (The applicant’s past high school(s)
____ Parents/Guardians
____ Department of Vocational Rehabilitation Office
____ Department of Disability and Special Needs Office
____ Admissions Office
____ Course Instructors
____ Financial Aid Office
____ Bursar’s Office
____ Registrar’s Office
____ Tutor/Mentor

Applicant Signature ____________________________ Date ______________

Parent/Guardian ____________________________ Date ______________
Withholding Statement

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the University or subject to dismissal. I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all college work attempted or completed. In addition to the foregoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a U.S. citizen or an alien lawfully present in the United States. By submitting this application, I am attesting that I am either a U.S. citizen or an alien lawfully present in the United States or that I am not requesting any state benefits, including in-state tuition. I understand that this attestation is required by Tennessee law if I have applied for a state public benefit. I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement, my admission may be rescinded or I may be disciplined by the University of Memphis. I grant my high school(s) and college(s) permission to release my transcript(s) to the University of Memphis.

Yes  No

I certify that none of the information provided on this application is false or has been withheld. I also acknowledge understanding that giving false information or withholding information may make me ineligible for admission to the University of Memphis.

Yes  No

I understand that the TigerLIFE Admissions Coordinator will use my information on this application to complete the required University of Memphis online application.

Yes  No

I have read all the information on this page:

Parent Signature: ____________________________________________________________

Applicant Signature: __________________________________________________________
Terms of Application Consideration
Please note the following when filling out your application

• The application will be rejected for nondisclosure or falsification of any relevant information submitted.
• Information collected in this application is maintained in a secure location and is destroyed within 6 months if the student is not accepted for admission.
• If a student is accepted into the program, the information will be maintained in a secure location in accordance with the Family Education Rights and Privacy Act (FERPA). Only de-identified (no personal information) will be reported to sources outside the university (such as the federal government for grant money reporting) unless otherwise permitted by the applicant.
• If the applicant has a history of physical aggression or violence, a psychological evaluation must accompany your application and a decision for admission will be made on a case-by-case basis.
• If the applicant requires the assistance of a personal care giver for basic needs, like using the restroom or pushing a wheelchair, an assistant must accompany them to school every day. TigerLIFE cannot provide this service.
• Students participate in various activities throughout the semester. TigerLIFE staff reserve the right to evaluate students on their ability to travel independently, and based on that evaluation, allow or restrict travel options to these events based on the personal ability levels of the students involved.
• TigerLIFE students must adhere to the University of Memphis Code of Student Rights and Responsibilities. Failure to adhere to the guidelines set forth in this document will result in disciplinary action, including suspension and/or termination from the TigerLIFE program and expulsion from the University of Memphis.
• TigerLIFE takes no actions or responsibilities whatsoever for actions or activities that take place online and on social media, with the exception of threats of physical injury. Any threats of harm will be turned over to the University police force for investigation.
• TigerLIFE students must adhere to the University of Memphis academic integrity policy, as outlined in the Code of Student Rights and Responsibilities.

Continue on the next page.

TigerLIFE reserves the right to amend this agreement during the semester as needed, with
Disclosed to Parents of Dependent Students

By signing this page, I certify that I have read, understand, and agree to the Terms of Application Consideration.

By signing this page, I certify that I have read and understand that withholding information requested on this application or giving false information may make me ineligible for admission to the university or subject to dismissal.

By signing this page, I certify that the statements I have made on this application are correct and complete.

Applicant Signature

_________________________________________ Date________________________

Parent/Guardian Signature

_________________________________________ Date________________________
To: Registrar, University of Memphis

From: ____________________________________________________________________________

Student’s First Name ___________________________ Middle Initial __________ Last Name

__________________________________________________________________________

Permanent Street Address ___________________________ City __________________________ State __________ Zip Code

Under the Family Educational Rights and Privacy Act (FERPA), the University of Memphis is permitted to disclose information from your education records to your parents, if your parents (or one of your parents) claim you as a dependent for federal tax purposes.

Please indicate whether your parents claim you as a tax dependent.

Please check the appropriate box:

• _____Yes. I certify that my parents claim me as a dependent for federal income tax purposes.
• _____No. I certify that my parents do not claim me as a dependent for federal income tax purposes.

Signature: _______________________________________ Date: __________________

If you are not claimed as a dependent or you do not know whether you are claimed as a dependent for federal income tax purposes, but you agree that the University of Memphis may disclose information from your education records to your parents, please sign the following consent:

I consent to the disclosure of any personally identifiable information from my education records to my parent(s), for reasons determined by the University of Memphis as appropriate. This authorization will remain in effect for the 2023-2024 school year.*

Signature: _______________________________________ Date: __________________

If parents live at the same address, please list both in # 1.

1. Parent Name(s) ________________________________________________________________

Address _______________________________________________________________________

City, State, Zip ___________________________________________________________________

Telephone ____________________________

2. Parent Name(s) (if living at different address _________________________________________

Address _______________________________________________________________________

City, State, Zip ___________________________________________________________________

Telephone ____________________________

*Students cannot be denied any educational services from the University of Memphis if they refuse to provide consent.

University of Memphis Institute on Disability

Confirmation Signatures
Release of Information:
I hereby give permission to the UMID/TigerLIFE program staff to communicate my student information including grades, behavior, and educational records to the following parties:

- Parents and/or guardians
- UMID/TigerLIFE Administrators
- UMID/TigerLIFE Instructional Staff
- UMID/TigerLIFE Support Staff
- University of Memphis School Officials & Staff
- University of Memphis Instructional Staff
- University of Memphis Support Staff
- Vocational Rehabilitation Staff
- On-the-Job Training Staff

This information may be shared by phone, mail, email, fax, or in person.

Student Initials: _______ (Release of Information)

Photo Release:
I grant to UMID/TigerLIFE, its representatives and employees, the right to take photographs of me and my property in connection with UMID/TigerLIFE. I agree that UMID/TigerLIFE may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and web content.

Student Initials: _______ (Photo Release)

These releases and consents will be valid for information gathered, photos taken, and assessments conducted during the duration of the student’s enrollment in the UMID/TigerLIFE program.

UMID/TigerLIFE First Semester Trial Basis:
I understand the UMID/TigerLIFE instructors and staff will use the first semester to assess progress. I have reviewed and received a copy of the behaviors that are expected and the behaviors that could cause termination from the program.

Student Initials: _______ (First Semester Trial Basis)

University of Memphis Student Rights & Responsibilities:
I acknowledge notice of the University of Memphis Code of Student Rights & Responsibilities and agree to follow the stated policies.

Student Initials: _______ (U of M Code of Student Rights & Responsibilities)

TigerLIFE Student Program Behavioral Guidelines:
I acknowledge notice of the University of Memphis TigerLIFE Student Program Behavioral Guidelines and agree to follow the stated policies.
FERPA
I have received the University of Memphis’ yearly notification of The Family Educational Rights and Privacy Act (FERPA). I understand that each student is responsible for knowing their FERPA rights. I hereby give permission to the UMID/TigerLIFE program staff and University of Memphis administrators to access and communicate my student records, including financial information, in accordance with Family Education Rights and Privacy Act (FERPA) (University of Memphis Policy UM1248).

Student Initials: ______ (FERPA)

Use of University of Memphis Recreational Center
If I choose to use the University Recreational Center, I understand and agree to allowing the Recreational Center staff to discuss my records as a UMID/TigerLIFE student with UMID staff and administration.

Student Initials: ______ (Recreational Center)

These acknowledgements will remain in effect for the duration of the student’s enrollment in the UMID/TigerLIFE Programs.
<table>
<thead>
<tr>
<th><strong>U.S. SOCIAL SECURITY NUMBER</strong></th>
<th>Please provide your social security number.</th>
<th>For Office Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Receipt Number:</td>
</tr>
<tr>
<td><strong>FULL LEGAL NAME</strong> (Please Print)</td>
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</tr>
<tr>
<td><strong>PERMANENT HOME ADDRESS</strong> (Please Print)</td>
<td></td>
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<tr>
<td><strong>STREET ADDRESS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CITY</strong></td>
<td><strong>STATE</strong></td>
<td><strong>ZIP</strong></td>
</tr>
<tr>
<td><strong>AREA CODE</strong></td>
<td><strong>PHONE NUMBER</strong></td>
<td><strong>TN-COUNTY</strong></td>
</tr>
<tr>
<td><strong>BIRTHDATE</strong> (month / day / year)</td>
<td><strong>SEX</strong></td>
<td><strong>ETHNICITY / RACE</strong></td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td><strong>Male</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>FEMALE</strong></td>
<td><strong>White</strong></td>
<td><strong>Black or African American</strong></td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td><strong>Hispanic/Latino/Spanish origin?</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>CITIZENSHIP</strong> (Check One)</td>
<td><strong>Are you a CITIZEN of the United States?</strong></td>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td><strong>COUNTRY OF CITIZENSHIP</strong></td>
<td><strong>VISA TYPE</strong></td>
<td></td>
</tr>
<tr>
<td><strong>EMERGENCY CONTACT INFORMATION</strong> (Please Print)</td>
<td><strong>NAME</strong></td>
<td><strong>STREET ADDRESS</strong></td>
</tr>
<tr>
<td><strong>CITY</strong></td>
<td><strong>STATE</strong></td>
<td><strong>ZIP</strong></td>
</tr>
<tr>
<td><strong>AREA CODE</strong></td>
<td><strong>PHONE NUMBER</strong></td>
<td><strong>RELATIONSHIP</strong></td>
</tr>
<tr>
<td><strong>NAME OF HIGH SCHOOL</strong></td>
<td><strong>LOCATION</strong> (City / State)</td>
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<tr>
<td><strong>What were your dates of attendance?</strong> Begin Month / Year</td>
<td><strong>Graduation Month / Year</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Please print your name as it appears on your high school transcript:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Was your diploma awarded on the basis of HIGH SCHOOL graduation or the GED test?</strong></td>
<td><strong>High School</strong></td>
<td><strong>GED</strong></td>
</tr>
<tr>
<td><strong>If applicable, what date was the GED taken?</strong> Month / Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Which ENTRANCE EXAM(S) have you taken?</strong> (Check One)</td>
<td><strong>ACT</strong></td>
<td><strong>SAT</strong></td>
</tr>
</tbody>
</table>

**For what term and year are you applying?** (Check One) **Fall** | **Spring** | **Summer** | **Year** |                   |

**Please print your name as it appears on your high school transcript:** |                   |                   |                   |

**Was your diploma awarded on the basis of HIGH SCHOOL graduation or the GED test?** | **High School** | **GED** |                   |

**If applicable, what date was the GED taken?** Month / Year |                   |                   |                   |

**Which ENTRANCE EXAM(S) have you taken?** (Check One) | **ACT** | **SAT** | **BOTH** | **NONE** | Month / Year |                   |
Have you always lived in Tennessee?  
☐ Yes  ☐ No  If no, when did you move to Tennessee?  Month/Year ___/___

Are you employed?  (Check One)  ☐ Full-Time  ☐ Part-Time  ☐ Not Employed

If employed, please provide:

EMPLOYEE NAME

EMPLOYER NAME

Ages of eighteen (18) and twenty-six (26) must be registered with the Selective Service prior to registering for classes at the University of Memphis. This requirement does not apply to veterans and others exempt by federal law. Have you registered for Selective Service?  ☐ Yes  ☐ No  ☐ Exempt

Pursuant to the requirements of the College and University Security Information Act, Tenn. Code Ann., Section 49-7-2200, an annual report of security information and statistics is available upon request. Contact the Associate Dean of Students, Office of Student Judicial and Ethical Programs, 105 University Center, The University of Memphis, Memphis, Tennessee 38152-3440, (901) 678-2250 to obtain any or all of the information. All other Student Right to Know information is available online at www.enrollment.memphis.edu/register under the student menu.

I understand that withholding information requested on this application, including attendance at any other institution, or giving false information may make me ineligible for admission to the University or subject to dismissal. I have read this application and certify that the statements I have made on this application are correct and complete, including a report of all colleges I have attended or completed. In addition to the foregoing, the Tennessee Eligibility Verification for Entitlements Act requires an applicant for in-state tuition or state financial aid to attest under penalty of perjury that he or she is either a U.S. citizen or alien lawfully present in the United States. By submitting this application, I am attesting that I am either a U.S. citizen or alien lawfully present in the United States or am not requesting any state benefits including in-state tuition. I understand that this attestation is required by Tennessee law and if I have applied for a state public benefit, I understand that Tennessee law requires me to provide documentation verifying the status indicated above prior to receipt of this state public benefit. I understand that knowingly and willfully making a false, fictitious, or fraudulent statement or representation shall subject me to liability under the Tennessee False Claims Act, Tennessee Code Annotated 4-18-101 et seq. I understand that if I am found to have made a false or misleading statement my admission may be nullified and I may be disciplined by the college.

I ____________________________  DATE:

STATEMENT OF PROCEDURE:

All credentials become the property of the University and cannot be forwarded or returned.

NOTE: Credentials will be maintained in active files for a 12-month period. After this period credentials will be recalled to inactive status and must be submitted again before an admissions decision can be made.

Admission Action:

Approved:  Date:  

Not Approved:  Date:

The University of Memphis is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award bachelor’s, master’s, educational specialist, and professional degrees.

The University of Memphis is a member of the Tennessee Board of Regents System, the sixth largest system of higher education in the nation. The Tennessee Board of Regents is the governing board for the system which comprises 13 universities, 22 two-year colleges and 22 Tennessee Technology Centers. The TBR system serves more than half of all Tennessee students attending public institutions of higher education.

The University of Memphis offers equal education opportunity to all persons without regard to age, race, religion, sex, creed, color, national origin or disability. The University does not discriminate on these bases in recruitment and admission of students or in the operation of any of its programs and activities, as specifically federal laws and regulations. The designated coordinator for University compliance with section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 is the Vice President for Student Affairs and the Equal Employment Compliance Officer. Information in this document will be provided in alternative formats upon request. The University of Memphis is an Affirmative Action/Equal Opportunity Institution. It is committed to education of a non-discriminatory student body.