Create Account   User Login

For Internet Explorer users, please be sure to turn off compatibility mode for optimal viewing.

Please input your login information below to open your application.

User Name

Welcome to the United States Coast Guard Academy Application Portal!

USCGA applications are not part of the ApplyYourself (AY) network and therefore require you to create a unique username and password. Even if you already have an AY account that you've used to apply to another institution, you'll need to create a new one using the "Create Account" tab (right side of this screen) before you can access our applications. This new AY account allows you to save your progress on our applications, so that you can return to work on your applications over several sessions and transmit your information to us through a secure server. If you previously created an AY account to apply to our AIM Program, you can and should use that account to apply for direct entry to the Academy; however, if you previously applied for direct entry to the Academy, you must create a new account using the "Create Account" tab in order to reapply for admission this year.

Please carefully read all instructions that appear throughout our applications. You can only submit an application once, so updates will need to be provided to the Admissions Office via e-mail for inclusion in your record. By accessing our applications, you are confirming that you have read and understand our Privacy Act Statement. All information submitted to USCGA, including your personal statements, is protected under the Privacy Act.

Privacy Act Statement: In accordance with 5 USC 552(e)(3), the following information is provided to you when supplying personal information to the USCG: (1) Authority which authorizes the solicitation of the information: 14 USC 182(a); (2) The Principal Purpose for this information is to ensure that the applicant is basically qualified to apply for the USCGA or AIM Program; (3) Routine uses which may be made of the information: a) As background information on applicants for the selection process; b) To contact the applicant; c) The social security number is used by the Department of Defense Medical Examination Review Board as a unique identifier; d) To determine if there are existing USCG records on the applicant; and e) In performance of the duties of officials and employees of the USCG, in managing and contributing to the USCGA or AIM Program selection process and tendering appointments to the same; (4) Disclosure of the information is voluntary, but the applicant may not be considered further if the information is not provided. Submissions of Evaluators will not be disclosed to the applicant without Evaluator consent. Release to any other individual/entity is only as required by law.

USCGA Application: OMB No. 1625-0004 (Expires: 3/31/2019): An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this form is 240 minutes. You may submit comments concerning the accuracy of this estimate or any suggestions for reducing the burden to Admissions@uscga.edu.

AIM Application: OMB No. 1625-0121 (Expires: 2/28/2018): An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this form is 180 minutes. You may submit comments concerning the accuracy of this estimate or any suggestions for reducing the burden to Admissions@uscga.edu.

Password

login

Forgot your User Name or Password?

Technical Support | Privacy & Security | System Requirements

Create An Application Account

Thank you for your interest in applying for admission to the Class of 2022. The application will open in August 2017 and close on January 15, 2018. Your first step is to create an application account which will allow you to receive further communication from our Admissions Office and access the application during the time period listed above. You may complete this step even before the application opens and then update your account information later if it changes. Please provide as much information as possible, taking special notice of all required fields denoted with an asterisk (*).

NOTE: If you previously created an application account in order to apply for the Academy Introduction Mission (AIM) Program for Summer 2017, please do not create a new account to apply for the Class of 2022. You should use your AIM application account to access the Class of 2022 application; however, if you have previously applied for direct entry to the Academy, you must create a new account in order to reapply for admission this year.

Basic Information

Full Name
First Name *

Middle Name

Last Name *

Gender *

○ Male

○ Female

Street Address 1 *

Street Address 2

Country *
Select One ⌄

City *

Zip/Postal Code *

#####

Phone *

Email Address *

Verify Email Address *

Birthdate *****

Month ▾ Day ▾ Year ▾

Login Information

Please create your user name and password in the space below. This information will be used to access your online application.

User Name *****

Password *****

Passwords must be between 8-30 characters, contain at least 1 uppercase letter (A-Z), 1 lowercase letter (a-z), 1 number (0-9), and 1 of the following special characters: !@#$%^&*()_+|~-=\`{}[]:";<>?,./ Spaces are not allowed.

Verify Password *****

Submit Information

Congratulations! Your information has been successfully submitted.
Shortly you will receive a confirmation message to the email address that you provided when creating your account.

You may now access the online application using the user name and password you created.

Terms Of Use

By clicking "I agree" you acknowledge that you have read and understand the terms and conditions. Your acknowledgement is required for you to proceed.

☐ **I agree**

Privacy Policy

Upon creating your account, all information that you provide and save will be immediately available to the institution.

☐ **I have read the above notice**

Continue and Create

Technical Support | Privacy & Security | System Requirements

My Application(s)

USCGA Application   Start Application

APPLICATION STATUS: NOT STARTED ⓘ

AIM Program Application   EDIT APPLICATION

APPLICATION STATUS: NOT SUBMITTED ⚠

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Welcome, Alex! Your application is in progress.

Thank you for your interest in the United States Coast Guard Academy and the AIM Program. This application must be completed online and submitted electronically. You do not have to complete your application in one sitting - you may save your progress and return to work on your application until it is ready to submit. You can quickly switch between sections of the application by using the navigational links located on the left side of the screen.

If possible, consider completing the "Recommendations" section first to allow those individuals to begin working on your letters of recommendation while you are working on your application. Once you have completed your application, use the "Submit" button located at the top of the page to begin the process of electronically sending your application to our office.

Please note that you can only submit your application once and, once submitted, you will not be able to make changes to your application using the online system; however, you may submit corrections via e-mail.

START APPLICATION

APPLICATION INSTRUCTIONS

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Submit Application

Save   Save & Continue

Applicant Information

* Indicates a required field

Name

Legal First Name *

Legal Middle Name

Legal Last Name *

Suffix   N/A

Mailing Address

Address Line 1 *

Address Line 2

City *

State

Required if living in the U.S.

Country *   Select One

Zip or Postal Code *

#####

Telephone Numbers and Email

Primary Phone Number *

(###) ###-####

Alternate Phone Number *

(###) ###-####

International Phone Number

Email Address *

We will occasionally send official correspondence only via email, so please ensure you're providing us an address you will maintain and check at least once a week.

Personal Information

Height *   *Inches*

Weight *   *Pounds*

Date of Birth *

(mm/dd/yyyy)
You must be 16-18 years old to attend the AIM Program

Gender *

Select One ▽

DASHBOARD | MESSAGES | PROFILE | TECHNICAL SUPPORT | LOG OUT

Marital Status *   [Select One   ▽]

Citizenship *   [Select One   ▽]

If you hold dual citizenship, please choose the other country below.

Other Country of Citizenship   [Select One   ▽]

Are you fluent in another language?*   ○ Yes   ○ No

If you are fluent (reading, speaking, and writing) in a language other than English, enter the other language below.

Other Language(s)   [   ]

Are you of Hispanic or Latino ethnicity   [Select One   ▽]
or heritage? *

Regardless of your answer to the previous question, please select all of the races which best describe you. *

☐ African-American or Black (including Africa and the Caribbean)
☐ Asian (including Indian subcontinent and the Philippines)
☐ Native American or Alaska Native (including all original peoples of the Americas)
☐ Native Hawaiian or Pacific Islander (original peoples)
☐ White (including Middle Eastern)
☐ Decline to answer

[Save]   [Save & Continue]   [Reset]

Submit Application

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Save   Save & Continue

Family Information

* Indicates a required field

Parent/Guardian 1's Information

Is your parent living? *   ○ Yes   ○ No

Parent/Guardian 1's First Name

Parent/Guardian 1's Last Name

Work Phone
(###) ###-####

Home Phone
(###) ###-####

International Phone Number

Email Address

Occupation

Is your Parent/Guardian 1 a graduate   Select One ▼
of one of the federal service
academies? *

Did your Parent/Guardian 1 graduate   ○ Yes   ○ No
from
college? *

College(s) attended (if any)

Highest Education Level   Select One ▼

Was or is your Parent/Guardian 1 a   Select One ▼
member of the armed forces? *

Highest Rank Held   Select One ▼

Parent/Guardian 1's Address

Does your Parent/Guardian 1 have a   ○ Yes   ○ No
different mailing address than you?

Mailing Address

City

State   Select One ▼
Required if living in the U.S.

Country   Select One ▼

Zip or Postal Code
#####

Parent/Guardian 2's Information

Is your parent living? *	○ Yes ○ No
Parent/Guardian 2's First Name	
Parent/Guardian 2's Last Name	
Work Phone	
	(###) ###-####
Home Phone	
	(###) ###-####
International Phone Number	
Email Address	
Occupation	
Is your Parent/Guardian 2 a graduate of one of the federal service academies? *	Select One
Did your Parent/Guardian 2 graduate from college? *	○ Yes ○ No
College(s) attended (if any)	
Highest Education Level	Select One
Was or is your Parent/Guardian 2 a member of the armed forces? *	Select One
Highest Rank Held	Select One

Parent/Guardian 2's Address

Does your Parent/Guardian 2 have a different mailing address than you?	○ Yes ○ No
Mailing Address	
City	
State	Select One
	Required if living in the U.S.
Country	Select One
Zip or Postal Code	
	#####

Other Information

Parents' Marital Status	Select One
If you answered other, please explain	
If not with both parents, with whom do you reside?	
Do you have siblings?	○ Yes ○ No

Save   Save & Continue   Reset

DASHBOARD   MESSAGES   PROFILE   TECHNICAL SUPPORT   LOG OUT

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Save | Save & Continue

Educational Information

* Indicates a required field

Current High School

Type of School *   Select One ▾

If you are a home school student, and you cannot locate your program using the "Look up" system, please enter 777771 for the CEEB code.

CEEB Code *   Look up

School Name *

School Address *

City *

State

Country

Zip or Postal Code *

_#####_

Telephone Number*

_(###) ###-####_

Attended From *

mm/yyyy

Graduation Date *

mm/yyyy

Current GPA *

Please upload a copy of your most recent transcript, including any standardized test scores. Note: This field is mandatory and the application cannot be submitted without a transcript.

Upload Document   _e.g. .doc, .pdf, .txt, .xls_ _More_

Have you attended another high   ○ Yes   ○ No
school? *

Previous High School

Type of School   Select One ▾

If you are a home school student, and you cannot locate your program using the "Look up" system, please enter 777771 for the CEEB code.

CEEB Code   Look up

School Name

School Address

City

State

Country

Zip or Postal Code

#####

Telephone Number

(###) ###-####

Attended From

mm/yyyy

Attended To

mm/yyyy

Colleges and Universities

If you currently attend or take classes at a college or university please enter the information below.

College Code   **Look up**

College/University Name

City

State

Zip or Postal Code

#####

Attended From

mm/yyyy

Attended To

mm/yyyy

Anticipated Senior Courses

Please list the courses you are planning to take during your senior year in high school. You may enter up to eight courses.

Course Name 1

Course Name 2

Course Name 3

Course Name 4

Course Name 5

Course Name 6

Course Name 7

Course Name 8

Academic Information

What is your intended major? *   Select One

Are you a member of the National
Honor Society? *   ○ Yes   ○ No

Briefly list any academic honors you
received while in high school.

Characters left in your response 300

Have you taken either the PSAT, SAT, PLAN, or ACT exam? *   ○ Yes   ○ No

Standardized Test Scores

PSAT/NMQST/SAT Reading Score:

PSAT/NMQST/SAT Math Score:

PSAT/NMQST/SAT Writing Score:

PLAN/ACT Reading Score:

PLAN/ACT Math Score:

PLAN/ACT English or Writing Score:

Save   Save & Continue   Reset

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Extracurricular Information

* Indicates a required field

Activity 1

Please list the most meaningful extracurricular activities you have participated in.

Activity*   Select One ▾

If other, please list activity.

Grade Level Participated*   ☐ 9
                                 ☐ 10
                                 ☐ 11

Varsity Letter   ☐ 9
                                 ☐ 10
                                 ☐ 11

Team Captain   ☐ 9
                                 ☐ 10
                                 ☐ 11

Leadership Position   ☐ 9
                                 ☐ 10
                                 ☐ 11

Achievements/Details

If offered, I plan to participate in this   ○ Yes   ○ No
activity at the Academy*

Coach/Advisor Name*

Coach/Advisor Telephone Number*

(###) ###-####

Activity 2

Activity   Select One ▾

If other, please list activity.

Grade Level Participated   ☐ 9
                                  ☐ 10
                                  ☐ 11

Varsity Letter   ☐ 9
                                  ☐ 10
                                  ☐ 11

Team Captain   ☐ 9
                                  ☐ 10
                                  ☐ 11

Leadership Position

☐ 9
☐ 10
☐ 11

Achievements/Details

If offered, I plan to participate in this activity at the Academy

○ Yes   ○ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Activity 3

Activity

Select One ▾

If other, please list activity.

Grade Level Participated

☐ 9
☐ 10
☐ 11

Varsity Letter

☐ 9
☐ 10
☐ 11

Team Captain

☐ 9
☐ 10
☐ 11

Leadership Position

☐ 9
☐ 10
☐ 11

Achievements/Details

If offered, I plan to participate in this activity at the Academy

○ Yes   ○ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Activity 4

Please list up to three additional extracurricular activites you'd like us to know about.

Activity

Select One ▾

If other, please list activity.

Grade Level Participated

☐ 9
☐ 10
☐ 11

Varsity Letter

☐ 9
☐ 10
☐ 11

Team Captain

☐ 9
☐ 10
☐ 11

Leadership Position

☐ 9
☐ 10
☐ 11

Achievements/Details

If offered, I plan to participate in this activity at the Academy   ◯ Yes   ◯ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Activity 5

Activity   Select One ⌄

If other, please list activity.

Grade Level Participated   ☐ 9
                                  ☐ 10
                                  ☐ 11

Varsity Letter   ☐ 9
                                  ☐ 10
                                  ☐ 11

Team Captain   ☐ 9
                                  ☐ 10
                                  ☐ 11

Leadership Position   ☐ 9
                                  ☐ 10
                                  ☐ 11

Achievements/Details

If offered, I plan to participate in this activity at the Academy   ◯ Yes   ◯ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Activity 6

Activity   Select One ⌄

If other, please list activity.

Grade Level Participated   ☐ 9
                                  ☐ 10
                                  ☐ 11

Varsity Letter   ☐ 9
                                  ☐ 10
                                  ☐ 11

Team Captain   ☐ 9
                                  ☐ 10
                                  ☐ 11

Leadership Position

☐ 9
☐ 10
☐ 11

Achievements/Details

If offered, I plan to participate in this activity at the Academy   ○ Yes   ○ No

Coach/Advisor Name

Coach/Advisor Telephone Number

(###) ###-####

Work Experience

List up to two jobs you have held during the past three years.

Specific nature of work

Employer

Employed From

mm/yyyy

Employed To

mm/yyyy

Approximate number of hours worked per week

Employer Telephone Number

(###) ###-####

Work Experience 2

Specific nature of work

Employer

Employed From

mm/yyyy

Employed To

mm/yyyy

Approximate number of hours worked per week

Employer Telephone Number

(###) ###-####

Save   Save & Continue   Reset

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Additional Information

* Indicates a required field

Medical Information

Taking medication for ADHD/ADD, mental health, or diabetes? *   ○ Yes   ○ No

Vision not correctable to 20/20 or colorblind? *   ○ Yes   ○ No

In the past 2 years used an Inhaler, or experienced difficulty breathing, been diagnosed with any type of asthma, or experienced severe cough after exercising? *   ○ Yes   ○ No

Have you had any surgery in the last 12 calendar months? *   ○ Yes   ○ No

Are you allergic to or been diagnosed with an allergy to any food products, stinging insects, environmental conditions or substance?*   ○ Yes   ○ No

If you answered yes to any of these questions, please briefly explain.

Characters left in your response 500

USCGA Information

How did you first learn about the Coast Guard Academy?   Select One ⌄

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Personal Statements

Personal Statements

Please include your name and the personal statement question at the top of each uploaded document; each personal statement should be limited to one page.

Personal Statement #1 *   Why do you want to attend the AIM Program and what are your expectations for the one-week program?

Upload Document   *e.g. .doc, .pdf, .txt, .xls More*

Personal Statement #2 *   The Coast Guard's core values are Honor, Respect and Devotion to Duty. Describe what these words mean to you.

Upload Document   *e.g. .doc, .pdf, .txt, .xls More*

Personal Statement #3   This essay is optional. Provide any additional information about yourself that you feel we need to know and that you have not provided elsewhere in the application.

Upload Document   *e.g. .doc, .pdf, .txt, .xls More*

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We require a letter of recommendation from your guidance counselor or appropriate school official. In addition, you may submit up to two optional letters of recommendation from any source.

Individuals submitting letters of recommendation for your AIM application must submit them electronically through the online system to ensure they are added to your record.

RECOMMENDATION PROVIDER LIST

Once the recommendation provider information is saved, an email will be sent to the online recommendation provider with instructions on how to proceed with the online recommendation.

Additional Information

- Your Recommendations will automatically be matched to your application upon submission.
- The access code is valid for 180 days from the date you input and save their information.
- To complete the Recommendation online, a Recommendation provider must have a valid email address.
- If you would like to send a reminder, check the box next to his/her name and click on the "resend" button. This will automatically generate a reminder email.

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Application Status: Incomplete

The following required questions have not been completed. *Please note that this list refers only to the minimum number of questions required by the system before submission is allowed. There may be many other questions on the form that should also be answered; thus, please be sure you have fully responded to both required and relevant non-required items before you submit your Application.*

SECTION NAME	QUESTION NAME
Applicant Information	Citizenship *
Applicant Information	Country *
Applicant Information	Are you fluent in another language?*
Applicant Information	Gender *
Applicant Information	Height *
Applicant Information	Are you of Hispanic or Latino ethnicity or heritage? *
Applicant Information	Marital Status *
Applicant Information	Regardless of your answer to the previous question, please select all of the races which best describe you. *
Applicant Information	Weight *
Family Information	Did your Parent/Guardian 1 graduate from college? *
Family Information	Was or is your Parent/Guardian 1 a member of the armed forces? *
Family Information	Is your Parent/Guardian 1 a graduate of one of the federal service academies? *
Family Information	Is your parent living? *
Family Information	Did your Parent/Guardian 2 graduate from college? *
Family Information	Was or is your Parent/Guardian 2 a member of the armed forces? *
Family Information	Is your Parent/Guardian 2 a graduate of one of the federal service academies? *
Family Information	Is your parent living? *
Educational Information	Have you taken either the PSAT, SAT, PLAN, or ACT exam? *
Educational Information	Have you attended another high school? *
Educational Information	Attended From *
Educational Information	CEEB Code *
Educational Information	Current GPA *
Educational Information	School Name *
Educational Information	Graduation Date *
Educational Information	What is your intended major? *
Educational Information	Are you a member of the National Honor Society? *
Educational Information	School Address *
Educational Information	City *
Educational Information	Telephone Number*

Educational Information	Type of School *
	DASHBOARD MESSAGES PROFILE TECHNICAL SUPPORT LOG OUT
Educational Information	Zip or Postal Code *
Educational Information	Course Name 1
Educational Information	Please upload a copy of your most recent transcript, including any standardized test scores. Note: This field is mandatory and the application cannot be submitted without a transcript.
Extracurricular Information	Activity*
Extracurricular Information	Coach/Advisor Name*
Extracurricular Information	Coach/Advisor Telephone Number*
Extracurricular Information	Grade Level Participated*
Extracurricular Information	If offered, I plan to participate in this activity at the Academy*
Additional Information	Taking medication for ADHD/ADD, mental health, or diabetes? *
Additional Information	Vision not correctable to 20/20 or colorblind? *
Additional Information	In the past 2 years used an Inhaler, or experienced difficulty breathing, been diagnosed with any type of asthma, or experienced severe cough after exercising? *
Additional Information	Have you had any surgery in the last 12 calendar months? *
Additional Information	Are you allergic to or been diagnosed with an allergy to any food products, stinging insects, environmental conditions or substance?*
Personal Statements	Personal Statement #1 *
Personal Statements	Personal Statement #2 *
Family Information	Highest Rank Held
Family Information	Highest Rank Held
Required Number of Recommendation (s) have not been provided	Add Recommendation

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Application Instructions
Please click here for Application Instructions.

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HOBSONS

Welcome to the Hobsons Applicant and Recommender Support Portal!
Here you can browse articles in our knowledge base and create a technical support case for assistance.
Thank you for the opportunity to assist you. A member of our team will contact you as soon as possible.

We provide support for applicants and recommendation providers during the following hours:
October 1st – March 31st: 8:00 a.m. - 12:00 a.m. ET (excluding holidays)
April 1st – September 30th: 8:00 a.m. – 6:00 p.m. ET on weekdays (excluding holidays)

Display by Topic

Topics
--No Filter--

Need Technical Help?

> CONTACT SUPPORT

| What would you like to know? | Search |

Popular Articles

What is my application status?
FAQ - April 7, 2015
How to find your application status.

I need to make a change to my application, but I've already submitted it. Is that possible?
FAQ - April 7, 2015
What to do if you would like to make a change to your submitted application.

How do I submit a new application?
FAQ - April 7, 2015
Submitting a new application if you have previously applied.

Uploading Files
FAQ - April 7, 2015
Tips to ensure that you can successfully upload documents to your application.

How do I check the status of my recommendations?
FAQ - April 7, 2015
Checking the status of your recommendations

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Check Application Status: Complete

Congratulations, Alex! All required questions have been completed. *Please note that this refers only to the minimum number of questions required by the system before submission is allowed. There may be many other questions on the form that should also be answered; thus, please be sure you have fully responded to both required and relevant non-required items before you submit your Application.*

If you would like to begin the Application submission process, please click on the "proceed to submission" button below. Otherwise, you may use the navigation links to access another section of the online Application.

Proceed to Submission

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Application Status: Ready for Submission

Congratulations, Alex! All required questions have been completed. *Please note that this refers only to the minimum number of questions required by the system before submission is allowed. There may be many other questions on the form that should also be answered; thus, please be sure you have fully responded to both required and relevant non-required items before you submit your Application.*

Please review the print version of your Application before you submit by clicking on the link below. If you experience difficulty viewing the document, please contact technical support. (Adobe Acrobat Reader is required to view this file. Download Reader)

PREVIEW APPLICATION IN PDF FORMAT

Step 1: Confirmation

Be sure that you have carefully reviewed your responses and that you have answered all of the questions accurately. Your responses will become the official property of the U.S. Coast Guard Academy and your admission to the Academy Introduction Mission (AIM) Program will be based on the answers you have provided. You cannot change your answers through this form once they are submitted. Please contact the admissions office if you need to update your application record.

To begin the submission process, check the box below and select the *Continue* button.

☐   I have read and understand the above information and wish to submit this Application at this time. Please note: The Application is not submitted until you see the words "Submission Complete!"

Continue

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AIM Program Application

USCGA AIM Application

Applicant Information

Family Information

Educational Information

Extracurricular Information

Additional Information

Personal Statements

Important Links

Recommendations

Check Your Application

Application Instructions

PRINT FORMS

Final Step: Signature Page

This is the final step in the application submission process. No changes to your application through the online system are allowed once you enter your digital signature and click on the button below.

I certify that the information supplied by me on this application is true and correct to the best of my knowledge.

Full Name:

Date: 2/7/2017

Submit Application

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[Please do not refresh this page!]

Submission Complete!

Your AIM Program application has been successfully submitted! All applications are reviewed during the month of April, so you should expect to be notified in May whether or not you have been selected to attend. To learn more about the AIM Program, including how to submit a request for scholarship funds to pay for your program fee and/or travel to the Academy, please visit http://www.uscga.edu/AIM. Please remember to properly log out of your account before visiting a new website, thank you.

Technical Support | Privacy & Security | System Requirements | Helpful Hints ▲

| DASHBOARD | MESSAGES | PROFILE | TECHNICAL SUPPORT | LOG OUT |

Congratulations on receiving an appointment to the 2017 AIM program. Please update or confirm the below information. Completing enrollment to AIM is a three-step process:

1) Select an AIM session through your Bear's Den Account by May 19th

2) Submit tuition payment (on the next page) by June 1st

3) Submit all Enrollment Paperwork by June 1st

Step 1 - Enrollment Information

Name & Mailing Address

Legal First Name	Alex
Legal Middle Name	G
Legal Last Name	Eames
Suffix	
Mailing Address	31 Mohegan Ave
City	New London
State	Connecticut

Required if living in the U.S.

Country	United States
Zip or Postal Code	06320-8103

#####

Telephone Numbers & Email

Primary Phone Number	(860) 701-6395

(###) ###-####

Alternate Phone Number	(000) 000-0000

(###) ###-####

International Phone Number	
Email Address	admissions@uscga.edu

We will occasionally send official correspondence only via email, so please ensure you're providing us an address you will maintain and check at least once a week.

Acceptance Information

If you plan to participate, and are available for your assigned sesssion, in the AIM Program, select 'Yes' below. If your plans or availability change, please notify the Admissions Office as soon as possible so a deserving alternate may attend in your place.

If you do not plan to participate in the AIM Program, select 'No' below and provide the primary reason that you will not attend.

Will you participate in the AIM Program? *	○ Yes ○ No
Primary reason you will not be participating.	Select One

Departure Date:

Mode of Travel

Select One ▼   DASHBOARD   MESSAGES   PROFILE   TECHNICAL SUPPORT   LOG OUT

Proceed to Submission   **Reset**

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Step 2 - Enrollment Fee Payment

Thank you for completing your enrollment form. In order to finalize your enrollment in the AIM program, your tuition payment must be received by June 1st. Your enrollment will not be processed until your enrollment deposit has been paid.

You may pay your enrollment deposit online here with your credit card. Visa, Mastercard, and American Express cards are accepted and processed using a secure online payment system. To use your credit card, select the credit card payment option and click on the submit button below. You will be directed to a separate, secure website where you will be prompted to enter your credit card information. If the payment is successful, you will be returned to this enrollment site and will receive a final confirmation of your intent to enroll.

Please note the enrollment form and payment will only hold your spot in the AIM program, you must also complete and submit your AIM medical form by June 1st to complete your AIM acceptance process.

Enrollment Fee

$525

Select Payment Method

○   Credit Card

○   Fee Waiver

Click below to confirm the payment method indicated above and continue with the process of submitting your Enrollment. Note that payment authorization may take up to a minute. Please be patient and do not click the submit button more than once.

Return to Enrollment Form   Pay and Continue

Technical Support | Privacy & Security | System Requirements | Helpful Hints ▲

Terms and Conditions

TERMS AND CONDITIONS

These terms and conditions are designed to provide you information on the services we provide and outline important conditions which apply to your using this service. The internet bill presentment and payment service is provide by Higher One, Inc., and various third party vendors. It is subject to the

☐ Please accept agreement*

Payer Information

Please provide your information.

Applicant ID	04428739-151845
First Name*	Alex
Last Name*	Eames

Pay To

Pay To	Pay Amount
US Coast Guard Academy	$ 525.00
	Total: $ 525.00

Payment Method & Account Information

Please provide your payment type and payment account information.

Effective Payment Date	2/7/2017
E-mail Address*	

⦿ Credit Card

Payment Amount	$ 525.00
Card Type*	American Express ⌄
Account Number*	
Expiration Date*	02 ⌄ 2017 ⌄
Name on Card*	
Cardmember ID (CID)*	

* Required field

✔ Submit   ✗ Cancel

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