

WINTHROP UNIVERSITY

APPLICATION FOR SPECIAL STUDENT (NON-DEGREE) ADMISSION

Office of Admissions
Winthrop University
Joynes Hall
Rock Hill, South Carolina 29733
Telephone: 803/323-2191

NOTE: The Office of Admissions reserves the right to determine the proper category of admission and to determine which credentials are required.

A. APPLICATION STATUS DEFINITIONS

Pre-College Applicant – high school junior or senior who receives permission to take courses at Winthrop University. (Note: courses cannot be counted towards the high school diploma.)

Transient/Visiting Applicant – college student who wishes to take courses at Winthrop University for transfer back to the home institution.

Undergraduate Non-Degree Applicant – person who wishes to take courses at Winthrop without pursuing a degree. Some restrictions apply – see page 2.

B. APPLICATION INSTRUCTIONS

1. Applicants should complete the special student application and submit it along with a \$20 application fee to the Office of Admissions.
2. **All applicants who claim South Carolina residency for tuition and fee purposes are required to complete the enclosed residency form.**
3. Pre-College and Transient/Visiting applicants must receive permission to take courses at Winthrop University.
 - a) **Pre-College Credit** – submit a permission form completed by a high school official. You must have earned a cumulative GPR of 3.0.
 - b) **Transient/Visiting** – submit a college permission form. We will accept Winthrop's form or a copy of the permission form from the home college/university. **Note: if the Winthrop course requires a pre-requisite, an official copy of your transcript should be sent to the Office of Admissions.**
4. **Undergraduate Non-Degree** applicants must also submit one of the following documents in support of the application for admission:
 - a) If applicant **has not enrolled in college** – submit an official copy of the final high school transcript or GED.
 - b) If applicant **has enrolled in college** – submit an official copy of the college transcript from the last college attended.
 - c) If applicant **has received a degree** – submit an official copy of the college transcript from the degree-granting college or university.
5. After the application has been processed, a letter of acceptance and information on registration will be provided to the applicant. Please refer to page 2 for additional information.

C. REGISTRATION INSTRUCTIONS

Immunization Requirement

Proof of immunization or immunity (see Immunization Form) is REQUIRED of ALL students in order to register for classes. Pages 1 and 2 of the enclosed Immunization Form must be submitted to Health & Counseling Services prior to class registration. Documentation of immunization means a health care provider or health department must sign your Immunization Form OR you must attach an official certificate such as from the military or health department. Please call Health Services at (803)323-2206 for additional information, or visit their website: www2.winthrop.edu/hcs.

Registration

All admitted students must obtain a Winthrop E-mail account. This account will be used to logon to Wingspan, the student portal. (You will register for classes on Wingspan.) Additionally, you will need an account to **view and accept financial aid and scholarships** (if applicable). You may register for an e-mail account by logging on to the enrollment checklist: www.winthrop.edu/mychecklist.

Your **Student ID** is your social security number or Winthrop ID and your **PIN number** is your birth date (MM/DD/YY.) You will be required to select a new pin number before you can register for classes. If you do not have access to a computer, you may register in 126 Tillman Hall.

For additional information on registration procedures, please call the Office of Records and Registration at 803/323-2194.

Once your immunization documentation has been received by Health & Counseling Services, you may register for classes on-line at <http://wingspan.winthrop.edu>

D. ADDITIONAL INFORMATION

For additional information, you may refer to the following Websites:

Academic Calendar	- www.winthrop.edu/calendars
Schedule of Courses	- www.winthrop.edu/recandreg/courses
Registration Procedures	- www.winthrop.edu/recandreg/registration
Tuition and Fees	- www.winthrop.edu/cashiers/fees
Undergraduate Catalog	- www.winthrop.edu/recandreg/catalogs

E. ADDITIONAL INFORMATION ON UNDERGRADUATE NON-DEGREE SPECIAL STUDENT STATUS

1. This admissions status is designed to meet the needs of the student who is not seeking a degree.
2. Courses completed under this status carry full university credit; however, none of the hours are applicable to a degree until the student qualifies for admission to a degree program. **The applicability of courses completed under this status will be determined by the appropriate academic department should a student subsequently enroll in a degree program.**
3. Course work completed as an undergraduate non-degree student will not be considered for admission purposes should a student subsequently apply for admission to a degree program.
4. ***To be eligible to enroll, the student must have completed high school two or more years ago.***
5. Applicants who have been officially denied admission as degree-seeking students are not eligible for admission as a non-degree student.*
6. Applicants who would not qualify for admission as a degree-seeking student are not eligible for admission as a non-degree student.*
7. Non-degree students may enroll for a **total** of twelve semester hours **under this status**. Subsequent enrollment (after twelve hours) requires the submission of an application and credentials for a degree-seeking applicant.

* **Note:** Applicants who cannot be admitted under the Undergraduate Non-Degree status may not audit courses.

WINTHROP UNIVERSITY APPLICATION FOR SPECIAL ADMISSION (NON-DEGREE)

PLEASE RETURN WITH A \$20 NON-REFUNDABLE APPLICATION FEE TO:
Office of Admissions, Winthrop University, Rock Hill, South Carolina 29733

APPLICATION NOTES:

1. Type or print in ink.
2. Complete all of the application. If the question does not apply to you, write N/A.
3. Provide the month and date(s) requested; do not use terms "current" or "present."
4. **READ THE STATEMENT ON PAGE 3, SIGN AND DATE YOUR APPLICATION.**

PERSONAL DATA

1. **Legal Name:** _____
Last First Middle (do not use initial) Suffix (Jr., III, etc.)
2. Preferred First Name: _____ 3. Previous name on school records (if applicable): _____
Last First
4. Permanent Home Address (Do not use Post Office Box):

Street (include apartment number) City State ZIP
5. Mailing Address (if different from above - example: Post Office Box):

Post Office Box or Street (include apartment number) City State ZIP
6. If the address in number 5 is temporary, how long will you remain at this address? Month _____ Year _____
7. Home Telephone Number: (_____) _____ Cell Phone Number: (_____) _____
8. E-mail Address: _____
Note: We will use e-mail to communicate with you throughout the application process. Please notify our office immediately if you change your e-mail address.
9. Date of Birth: _____ 10. Social Security Number _____
month/date/year (This information is used to link your application with financial aid data)
11. Gender: Male Female
12. Citizenship (check one):
 USA Legal Permanent Resident of the United States - citizen of _____
Required: Provide a copy of both sides of your permanent resident card.
 Foreign, citizen of _____ Country of Birth _____ **INS VISA Classification?** _____
- 13a. State of Legal Residence: _____
- 13b. For **South Carolina** and **North Carolina** residents: in what county (**not country**) do you reside? _____
Note: For South Carolina residents only- completion of the attached Residency Form is required for every applicant who claims residence in the state of South Carolina or claims entitlement to in-state tuition. **All students are classified as out-of-state until the Residency Form has been received and reviewed.**
- How would you describe yourself? (Note: This information is optional and requested for federal and state reporting purposes. All applications are considered without reference to sex, creed, or race.)
- 14a. Are you Hispanic or Latino? Please mark one. Yes No
- 14b. What is your race? Regardless of your answer to question 14a, please indicate what you consider yourself to be:
 American Indian/Alaskan Native Black/African-American White
 Asian Native Hawaiian/Pacific Islander International (non-resident alien)
15. Application Status:
 Pre-college credit – Students who are currently enrolled in high school and wish to take courses at Winthrop.
 Transient/Visiting – College students who wish to take coursework at Winthrop and transfer back to their home college or university.
 Undergraduate Non-degree – Students who wish to take coursework at Winthrop without pursuing a degree.
Some restrictions apply. Please refer to the application instructions.
16. Semester you wish to enroll: Fall (August-December) Maymester (3 weeks) Summer 3 (June - 4 weeks)
Year: _____ Spring (January-May) Summer 2 (June - 10 weeks) Summer 4 (July - 4 weeks)
17. Have you previously enrolled at Winthrop? Yes No If yes, under what name (if different) _____
Last First
What is the date of the last semester you attended? Month _____ Year _____

EDUCATIONAL HISTORY

18. HIGH SCHOOL INFORMATION

Check one:

- I graduated **OR** I will graduate from high school on: Month _____ Year _____
 I received a GED on: Month _____ Year _____

Complete Name of High School	City and State

19. COLLEGE INFORMATION

Provide information on your home institution (if currently enrolled) **OR** the last college/university that you attended.

Complete Name of Current or Last College/University	City and State	Dates Attended (Month/Year – Month/Year)

***Note to visiting student applicants:** You must submit an official college transcript if the Winthrop course requires a pre-requisite.

20. I plan to take the following course(s):

Section Number	Course Prefix & Number	Class Meeting Days	Class Meeting Times

21. ALL APPLICANTS MUST READ AND SIGN BELOW

- a. I certify that all information supplied by me in this application is accurate, complete and without omission.
- b. I have listed any and all colleges/universities that I have attended (applicable if credit is not desired or was not earned.)
- c. I have truthfully disclosed my citizenship status and understand that failure to do so will result in a violation of S.C. Immigration Law.
- d. I understand that all credentials become the property of Winthrop University. They cannot be returned to the applicant nor can they be released to a third party.
- e. I understand that any omission or misrepresentation of fact will constitute cause for nullification of my application prior to admission or dismissal following enrollment at Winthrop.

Applicant's Signature _____ Date _____

Winthrop University admits all qualified applicants and offers equal educational opportunities regardless of race, color, sex, age, national origin, religion or disability. Applicants are admitted on the basis of the probability of their success in completing the requirements for graduation.

WINTHROP UNIVERSITY RESIDENCY INFORMATION

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information.

Note: Please complete this form in its entirety. Incomplete forms will be returned for completion. Additional information may be requested per SC Law 59-112.

Name of Student: _____ Social Security Number **OR** Winthrop ID _____

Date of Birth: _____ Age: _____ City and state of birth: _____ Country of birth: _____

- Father living? Yes No
If yes, complete name _____
- Mother living? Yes No
If yes, complete name _____
- With whom do you reside? Both Parents Father Mother
 Other: Relationship: _____
- If parents are divorced or separated, who is (or was) the custodial parent? Father Mother
- Your marital status: Single Married
 Date of marriage: Month _____ Year _____
- When do you claim that your legal residence in South Carolina began?
Father: Month/Year _____ **Mother:** Month/Year _____
You: Month/Year _____ **Spouse:** Month/Year _____
- Have you, either of your parents, or your spouse been in active military service within the last two years?
You: Yes No **Father:** Yes No **Mother:** Yes No **Spouse:** Yes No
- Provide the permanent home address (do not use Post Office box number) of each person listed below.

Length of time lived at this address:

You: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

Father: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

Mother: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

Spouse: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

- If length of time at the address in #8 is less than 18 months, provide information on the previous address.

Length of time lived at this address:

You: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

Father: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

Mother: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

Spouse: _____
Address (street, city, state, ZIP)

From: (month/year) To: (month/year)

- What is the citizenship status of each person listed below?

You: US Citizen US Permanent Resident - Effective Date: _____ Foreign Citizen with valid Visa - Visa Type: _____

Father: US Citizen US Permanent Resident - Effective Date: _____ Foreign Citizen with valid Visa - Visa Type: _____

Mother: US Citizen US Permanent Resident - Effective Date: _____ Foreign Citizen with valid Visa - Visa Type: _____

Spouse: US Citizen US Permanent Resident - Effective Date: _____ Foreign Citizen with valid Visa - Visa Type: _____

- What is the current employment status of each person listed below? (If not employed, please indicate below.)

You: _____
Employer _____ City, State, ZIP _____ Beginning date of employment _____ Hours per week _____

Father: _____
Employer _____ City, State, ZIP _____ Beginning date of employment _____ Hours per week _____

Mother: _____
Employer _____ City, State, ZIP _____ Beginning date of employment _____ Hours per week _____

Spouse: _____
Employer _____ City, State, ZIP _____ Beginning date of employment _____ Hours per week _____

- Were you claimed as a tax dependent for federal and state income taxes for the 2009 tax year (check one)?
 Yes No, I filed as an independent filer I filed a joint return with my spouse
 No one claimed me as a dependent for federal income tax purposes and I did not file a separate return as an independent filer
 - If yes to 12a, name(s) of person(s) who claimed you: _____
 - Relationship to you of person(s) named in 12b: Father and Mother Father Mother Legal Guardian Spouse
 - For the person in 12a, a state income tax return was filed as a **resident** of which state? _____
- Will you or were you claimed as a tax dependent for federal and state income taxes for the 2010 tax year (check one)?
 Yes No, I filed as an independent filer I filed a joint return with my spouse
 No one claimed/will claim me as a dependent for federal income tax purposes and I did not/will not file a separate return as an independent filer (proceed to #14)
 - If yes to 13a, name(s) of person(s) who claimed or will claim you: _____
 - Relationship to you of person(s) named in 13b: Father and Mother Father Mother Legal Guardian Spouse
 - For the person in 13a, a state income tax return was filed as a **resident** of which state? _____
- I am younger than 25 and was not or will not be eligible to be claimed as a dependent for federal income tax purposes for the reason provided below:

I was last claimed as a dependent for the _____ tax year by: Name _____

Relationship to you: _____ who filed state taxes as a resident of: _____
(name of state)

I hereby certify that the information I have provided is accurate and that I am making this application in good faith based on the belief that I am eligible to pay tuition and fees at the rate afforded to legal residents of South Carolina.

Signature _____ Date _____