



12. Application Status:  Degree-seeking  Non-degree seeking

13. Semester in which you wish to enroll:  Fall  Spring  Summer  Year

14. Have you previously enrolled at Winthrop?  Yes  No. If yes, under what name (if different) \_\_\_\_\_

What is the date of the last semester you attended?

Month \_\_\_\_\_ Year \_\_\_\_\_

**PROGRAM OF STUDY** (Please consult the code from listing of programs)

15. Desired Program Code: \_\_\_\_\_ Concentration (if applicable) \_\_\_\_\_

**EDUCATIONAL HISTORY:**

Indicate which of the following tests you have taken and the date taken. Please have your scores forwarded to The Graduate School, 209 Tillman, Winthrop University, Rock Hill, SC, 29733, if you have not already done so.

16. <input type="checkbox"/> GMAT	<input type="checkbox"/> GRE-General	<input type="checkbox"/> MAT	<input type="checkbox"/> PRAXIS	<input type="checkbox"/> TOEFL
Date Taken	Date Taken	Date Taken	Date Taken	Date Taken
_____	_____	_____	_____	_____

17. Are you certified to teach?  Yes  No

18. List all colleges and universities you have attended. You must include any institutions at which you were registered for classes.

College Name	City	State	From (month/year)	To (month/year)
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A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

E. \_\_\_\_\_

