



Return to:
 The Graduate School
 209 Tillman Hall
 Winthrop University
 Rock Hill, SC 29733
 Phone 803/323-2204
 FAX 803/323-2292

APPLICATION FOR:
 (please check)

GRADUATE READMISSION _____
 (Complete front and back of application.) Program to Which Applying _____

CHANGE OF GRADUATE PROGRAM Old Program _____
 (Complete front and back of application.) New Program _____

PLEASE PRINT OR TYPE

Term Applying: Fall _____ Spring _____ Summer _____
 Year Year Year

Male Female

Social Security Number _____ Birthdate _____ Sex _____

Name — Last _____ First _____ Middle _____ Second middle (if applicable) _____

Name on previous academic records, if different _____ E-mail address _____ ()

Permanent mailing address – Street/P.O. Box _____ City _____ State _____ ZIP _____ Phone _____

The following information is required so that Winthrop University may demonstrate to the U.S. Department of Education its compliance with Title VI of the 1964 Civil Rights Act. Please check the proper category.

<input type="checkbox"/> 1. International (Non-Resident Alien)	<input type="checkbox"/> 3. American Indian/Alaskan	<input type="checkbox"/> 5. Hispanic
<input type="checkbox"/> 2. Black (Non-Hispanic)	<input type="checkbox"/> 4. Asian/Pacific Islander	<input type="checkbox"/> 6. White (Non-Hispanic)

State of Legal Residence _____ County _____ Country of Birth _____

All applicants who claim South Carolina residency for tuition and fee purposes are required to complete the South Carolina residency form.

Citizenship (Please check one.)

- USA
- USA Permanent Resident, Citizen of _____ Alien Registration Number _____

REQUIRED: Provide copy of green card.

- Foreign, Citizen of _____

If you are not a U.S. citizen or immigrant, what is your current visa classification? _____

Please attach a copy of your current visa.

Indicate which of the following tests you have taken, date taken, and score. Please have the Educational Testing Service, Princeton, NJ 08541-6000 forward your official score results to Graduate Studies, Winthrop University, Rock Hill, SC 29733, if you have not already done so.

<input type="checkbox"/> GMAT	<input type="checkbox"/> GRE GENERAL	<input type="checkbox"/> MAT	<input type="checkbox"/> NTE/PRAXIS	<input type="checkbox"/> TOEFL
Date Taken _____	Date Taken _____	Date Taken _____	Date Taken _____	Date Taken _____
Score _____	Verbal Score _____	Score _____	Area _____	Score _____
	Quant. Score _____	Score _____		

ARE YOU CERTIFIED TO TEACH? YES NO

List all colleges and universities attended, indicating dates of attendance.				Office Use Only
Names and addresses of all colleges and universities attended	From Month/Yr.	To Month/Yr.	Degree and Date Month/Yr.	

I certify that the information contained in this application and the accompanying documents are complete and accurate to the best of my knowledge. I have truthfully disclosed my citizenship status and understand that failure to do so will result in a violation of South Carolina immigration law. I understand that any omission or misrepresentation of fact will constitute cause for nullification of my application or dismissal from enrollment at Winthrop.

 SIGNATURE OF APPLICANT DATE

