



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

APPLICATION FOR TRANSIENT GRADUATE ADMISSION

Please complete this application and return with a nonrefundable \$50 application fee to the address listed above. Applications are valid for one year only. **Applications submitted without the fee will be returned to the applicant without being processed.** **PLEASE PRINT OR TYPE**

TERM APPLYING: ■ FALL 20 _____ SEX: _____
 ■ SPRING 20 _____ ■ MALE _____
 ■ SUMMER 20 _____ ■ FEMALE _____
 Social Security Number _____
 Birth Date _____

Name — Last First Middle Second Middle (if applicable)

Name on previous academic records, if different _____

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

Current Employer/Address _____ Phone _____

State of Legal Residence _____ County _____ Country of Birth _____

If: South Carolina, please state initial date of residence: ■ Birth OR ■ Since Month _____ Year _____

All applicants who claim South Carolina residency for tuition 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? _____

How would 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.)

Are you Hispanic or Latino? ___ Yes ___ No

What is your race: Regardless of your answer to question 11a, 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).

List all colleges and universities attended, indicating dates of attendance.

| NAMES AND ADDRESSES OF ALL COLLEGES AND UNIVERSITIES ATTENDED | FROM MONTH/YR. | TO MONTH/YR. | DEGREE AND DATE MONTH/YR. | OFFICE USE ONLY |
|---|----------------|--------------|---------------------------|-----------------|
| WINTHROP UNIVERSITY | / / | / / | / / | |
| | / / | / / | / / | |
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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 _____

List the course(s) that you wish to take and attach a separate check for tuition.

Section Course Suffix Number Title Hours

1. _____
2. _____

Please have the graduate office at your home institution complete the following statement: The above student is a graduate student in good standing at _____ and is eligible to return.

SIGNATURE OF GRADUATE DEAN (SEAL OF INSTITUTION REQUIRED)

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.