Return to:
Records & Registration
126 Tillman Hall
Winthrop University
Rock Hill SC 29733
Phone 803/323-2194
Fax 803/323-4600

APPLICATION FOR UNDERGRADUATE READMISSION *(Please print or type)*

_____ TERM APPLYING FOR: ☐ FALL 20___ ☐ SPRING 20___ ☐ SUMMER 20___
SOCIAL SECURITY NUMBER

E-MAIL ADDRESS: _____ BIRTH DATE _____

_____
NAME: LAST FIRST MIDDLE MAIDEN (if applicable)

_____
NAME ON PREVIOUS ACADEMIC RECORDS

ARE YOU HISPANIC OR LATINO? PLEASE MARK ONE ☐ YES ☐ NO

WHAT IS YOUR RACE? ☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ BLACK/AFRICAN-AMERICAN ☐ WHITE
☐ ASIAN ☐ NATIVE HAWAIIAN/PACIFIC ISLANDER ☐ INTERNATIONAL (NON-RESIDENT ALIEN)

_____
PERMANENT MAILING ADDRESS: STREET/P.O. BOX CITY STATE ZIP PHONE

How long have you lived at the address listed above? Years _____ Months _____

If less than two years, show previous address:

_____
STREET/P.O. BOX CITY STATE ZIP

_____ _____ _____
RESIDENT STATE RESIDENT COUNTY CITIZENSHIP—INDICATE COUNTRY/VISA

While attending Winthrop will you be living at an address other than the one listed above? ☐ YES ☐ NO

If yes, please show address while attending Winthrop (If you will live in a Winthrop residence hall or apartment, enter "Campus Housing."):

_____
STREET/P.O. BOX CITY STATE ZIP

_____
NAME AND ADDRESS OF PERSON TO CONTACT IN CASE OF EMERGENCY PHONE

NAMES AND ADDRESSES OF ALL COLLEGES AND UNIVERSITIES ATTENDED	FROM MONTH/YEAR	TO MONTH/YEAR	DEGREE & DATE MONTH/YEAR
Winthrop University			

Degree Program: _____

Minor, Concentration, or Option, if applicable: _____

I certify that the information contained in this application is complete and accurate without evasion or misrepresentation. I understand that acceptance by the university is based on truth and accuracy of representation as contained in this application. I agree that as long as I am a student at Winthrop University, I will comply with all the regulations of the university as outlined in the Student Code of Conduct and the university catalog. Students registering provisionally will be given 30 days from date of registration to submit satisfactory complete credentials for admission: students failing to do so within the allotted time will be withdrawn from school after appropriate notification of such pending action. Students who have attended other institutions of higher learning during their absence from Winthrop must have a transcript from each school attended during their absence sent to the Registrar.

_____
SIGNATURE OF APPLICANT DATE

FOR OFFICE USE ONLY: Admitted/Date_____ ❑ Acceptance Letter Sent/Date_____ ❑ File Sent to Student Services Classification_____

Winthrop University is committed to equality and does not discriminate against applicants, students, or employees on the basis of race, color, national origin, religion, gender, age, disability, or other reasons.

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