

WINTHROP UNIVERSITY APPLICATION FOR HEALTHCARE MANAGEMENT CERTIFICATE

**Office of Admissions
Winthrop University
Joynes Hall
Rock Hill, South Carolina 29733
Telephone: 803/323-2191
800/WINTHROP (946-8476)**

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

A. HEALTHCARE MANAGEMENT CERTIFICATE INFORMATION

The Healthcare Management Certificate is a 15 semester hour training program that is administered under the university's non-degree classification. (An optional internship course will provide 18 total semester hours of course instruction.) The program is designed to prepare individuals in the healthcare field to become more effective managers and supervisors. Students will increase their overall understanding of management issues and concepts so they can make well-informed decisions. The comprehensive program allows students to receive management training while maintaining full-time work schedules. Admitted students must have earned an associate's or bachelor's degree.

B. APPLICATION INSTRUCTIONS

1. Applicants should complete the special student application and submit it along with a \$40 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. Applicants should submit an official copy of the transcript from the college or university that conferred the associate's or bachelor's degree.
4. A decision letter will be mailed to all students. Information on the status of your application will be available online at www.winthrop.edu/mychecklist. Complete instructions on registering for classes will be enclosed with the letter of admission.

C. 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

D. 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.

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PLEASE RETURN WITH A \$40 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 2, 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: _____ month/date/year 10. Social Security Number _____
(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. 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. Semester you wish to enroll: Fall (August-December) Maymester (3 weeks) Summer 2 (June-August - 10 weeks)
Year: _____ Spring (January-May) Summer 3 (June - 4 weeks) Summer 4 (July - 4 weeks)
 16. 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

17. 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

18. 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)

19. Degree Earned: _____ Date: _____

20. Have you ever been convicted of or plead guilty to a misdemeanor or felony? Yes No

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: _____

1. Father living? Yes No
If yes, complete name _____

2. Mother living? Yes No
If yes, complete name _____

3. With whom do you reside? Both Parents Father Mother
 Other: Relationship: _____

4. If parents are divorced or separated, who is (or was) the custodial parent? Father Mother

5. Your marital status: Single Married
 Date of marriage: Month _____ Year _____

6. When do you claim that your legal residence in South Carolina began?
Father: Month/Year _____ Mother: Month/Year _____
You: Month/Year _____

7. Have you or your parent(s) been in **active** military service within the last two years? Discharge date if applicable: _____
You: Yes No Father: Yes No Mother: Yes No Spouse: Yes No
If yes to any of the above, provide: name of person on **active** military duty: _____

Current Duty Station (active military only): _____ State of Legal Residence: _____

8. 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) _____

9. 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) _____

10. What is the citizenship status of each person listed below?

You: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident - Effective Date: _____ <input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____
Father: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident - Effective Date: _____ <input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____
Mother: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident - Effective Date: _____ <input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____
Spouse: <input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident - Effective Date: _____ <input type="checkbox"/> Foreign Citizen with valid Visa - Visa Type: _____

11. 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 _____

12. a. Were you claimed as a tax dependent for federal and state income taxes for the 2014 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

b. If yes to 12a, name(s) of person(s) who claimed you: _____

c. Relationship to you of person(s) named in 12b: Father and Mother Father Mother Legal Guardian Self

d. For the person in 12a, a state income tax return was filed as a resident of which state? _____ Federal Filing Status _____

13. a. Will you be or were you claimed as a tax dependent for federal and state income taxes for the 2015 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)

b. If yes to 13a, name(s) of person(s) who claimed or will claim you: _____

c. Relationship to you of person(s) named in 13b: Father and Mother Father Mother Legal Guardian Self

d. For the person in 13a, a state income tax return was or will be filed as a resident of which state? _____ Federal Filing Status _____

14. I am younger than 24 and was not or will not be eligible to be claimed as a dependent for federal income tax purposes for the reason provided below:

15. 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 _____