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.
WINTHROP UNIVERSITY
APPLICATION FOR HEALTHCARE MANAGEMENT CERTIFICATE

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.

PLEASE RETURN WITH A $40 NON-REFUNDABLE APPLICATION FEE TO:
Office of Admissions, Winthrop University, Rock Hill, South Carolina 29733

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:   _________________________________________  10. Social Security Number ____________________________________
   month/date/year                   (This information is used to link your application with financial aid data)

11. Gender:  
   q Male  
   q Female

12. Citizenship (check one):
   q USA    
   q Legal Permanent Resident of the United States - citizen of ________________________________________________________
       Required: Provide a copy of both sides of your permanent resident card.

   q 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.  
   q Yes    
   q No

14b. What is your race? Regardless of your answer to question 14a, please indicate what you consider yourself to be:
   q American Indian/Alaskan Native    
   q Asian       
   q Native Hawaiian/Pacific Islander    
   q White
   q Black/African-American
   q International (non-resident alien)

15. Semester you wish to enroll:  
   q Fall (August-December)    
   q Spring (January-May)    
   q Maymester (3 weeks)    
   q Summer 2 (June-August - 10 weeks)
   q Summer 3 (June - 4 weeks)    
   q Summer 4 (July - 4 weeks)

16. Have you previously enrolled at Winthrop?  
   q Yes    
   q No   If yes, under what name (if different) ________________________________________

   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 ________

<table>
<thead>
<tr>
<th>Complete Name of High School</th>
<th>City and State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

18. COLLEGE INFORMATION
Provide information on your home institution (if currently enrolled) OR the last college/university that you attended.

<table>
<thead>
<tr>
<th>Complete Name of Current or Last College/University</th>
<th>City and State</th>
<th>Dates Attended (Month/Year – Month/Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
**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.

<table>
<thead>
<tr>
<th>Name of Student:</th>
<th>Social Security Number OR Winthrop ID</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Birth:</strong></td>
<td>Age:</td>
</tr>
</tbody>
</table>

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

7. Have you or your parent(s) been in active military service within the last two years?  
   Discharge date if applicable: __________________________
   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.
   **You:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

   **Father:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

   **Mother:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

   **Spouse:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

9. If length of time at the address in #6 is less than 18 months, provide information on the previous address.
   **You:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

   **Father:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

   **Mother:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

   **Spouse:** Address (street, city, state, ZIP)  
   Length of time lived at this address: From: (month/year) To: (month/year)

10. What is the citizenship status of each person listed below?  
    **You:** □ US Citizen □ US Permanent Resident - Effective Date: ___________ □ Foreign Citizen with valid Visa - Visa Type: __________________________

    **Father:** □ US Citizen □ US Permanent Resident - Effective Date: ___________ □ Foreign Citizen with valid Visa - Visa Type: __________________________

    **Mother:** □ US Citizen □ US Permanent Resident - Effective Date: ___________ □ Foreign Citizen with valid Visa - Visa Type: __________________________

    **Spouse:** □ US Citizen □ US Permanent Resident - Effective Date: ___________ □ 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: Month/Year, Year  
    Hours per week: __________________________

    **Father:** Employer City, State, ZIP  
    Beginning date of employment: Month/Year, Year  
    Hours per week: __________________________

    **Mother:** Employer City, State, ZIP  
    Beginning date of employment: Month/Year, Year  
    Hours per week: __________________________

    **Spouse:** Employer City, State, ZIP  
    Beginning date of employment: Month/Year, Year  
    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  
    □ Yes □ No, 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  
    □ Yes □ No, 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: __________________________

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 __________________________