APPLICATION FOR ADMISSION TO
THE WINTHROP UNIVERSITY
EXERCISE SCIENCE (EXSC) PROGRAM
2009- 2010 and higher catalogs

SECTION I: TO BE COMPLETED BY THE STUDENT

General Information: (Please Print or Type)

_________________________________________  ____________________________  ______________________
(Last Name)  (First Name)  (Middle Initial)

_____________________________________
(Catalog Year)

__________________________________________  __________________________________
(Local Address)  (Permanent Address)

__________________________________________  ____________________________
(Local Phone No.)  (Permanent Phone No.)

__________________________________________
(Email Address)

Admission Requirements: (Circle the appropriate response)

- I have completed (not attempted) at least 60 semester hours  Yes  No
- I have achieved a 2.5 cumulative grade point average  Yes  No
- I have achieved a 2.75 EXSC core grade point average  Yes  No
- I have completed EXSC 101 with a grade of “B-” or better  Yes  No
- I have completed HLTH 300 with a grade of “B-” or better  Yes  No
- I have completed PHED 208 with a grade of “B-” or better  Yes  No
- I have completed PHED 267 with a grade of “B-” or better  Yes  No
- I am currently enrolled in or have completed BIOL 307 with a grade of “C-“ or better  Yes  No
- I am currently enrolled in or have completed BIOL 308 with a grade of “C-“ or better  Yes  No
- I am currently enrolled in or have completed CHEM 105 with a grade of “C-“ or better  Yes  No
For any missing requirements above, please provide a plan and timeline for completing these requirements.

Disclosure Requirement: (Circle the appropriate response)

The following information is requested in order to process your application for admission into the Winthrop University Exercise Science Program. This information is being used exclusively for that purpose only and will not be used in any other fashion. A “yes” answer on any question DOES NOT disqualify you from admission into the program. If the answer is “yes” to any of the following questions, please attach a typed, detailed explanation of the occurrence to this application.

- Have you ever been suspended, expelled, asked to withdraw, or placed on probation by Winthrop University?
  - Yes
  - No
  - If yes, please provide the following information.

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<thead>
<tr>
<th>Type-Suspended, etc.</th>
<th>Semester</th>
<th>Year</th>
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- Have you ever been suspended, expelled, asked to withdraw, or placed on probation by any other higher education institution?
  - Yes
  - No
  - If yes, please provide the following information.

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<thead>
<tr>
<th>Type-Suspended, etc.</th>
<th>Semester</th>
<th>Year</th>
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- Have you ever admitted to or been found guilty of academic misconduct, such as plagiarism, cheating, or any other act of dishonesty?
  - Yes
  - No
By signing below, I verify that all information provided in this application is true. I also agree to report any changes to this information to my advisor as soon as those changes occur or are recognized. I understand that if any information in this application is not accurate or I fail to report such changes may result in my removal from the Exercise Science Program.

__________________________  ______________________
(Student Signature)  (Date)

SECTION II: TO BE COMPLETED BY THE ADVISOR

In signing below, the advisor verifies that the student submitting this application for admission into the Exercise Science Program has met all the requirements of the Winthrop University catalog.

__________________________  ______________________
(Advisor Signature)  (Date)

OR

If there are any requirements that the student has not met in their academic catalog, please list those here:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

In signing below, the advisor verifies that the student submitting this application for admission into the Exercise Science Program has met all the requirements of the Winthrop University catalog with the exception of the requirements listed.

__________________________  ______________________
(Advisor Signature)  (Date)
SECTION III: TO BE COMPLETED BY THE EXERCISE SCIENCE FACULTY FOR FULL ACCEPTANCE INTO THE MAJOR

Based upon review of this application and the advisor’s review of admission requirements, I hereby recommend that the individual submitting this application being fully admitted to the Winthrop University Exercise Science Program.

________________________   ________________________
(Faculty Member Signature)   (Date)

________________________   ________________________
(Faculty Member Signature)   (Date)

________________________   ________________________
(Faculty Member Signature)   (Date)

All three EXSC faculty signatures must be present on this form in order for admission to be deemed acceptable.

SECTION IV: TO BE COMPLETED BY THE CHAIR OF THE DEPARTMENT OF PHYSICAL EDUCATION, SPORT, AND HUMAN PERFORMANCE

Based upon review of this application, the advisor’s review of admission requirements, and the recommendation of the EXSC faculty, I hereby recommend that the individual submitting this application being fully admitted to the Winthrop University Exercise Science Program.

________________________   ________________________
(Department Chair Signature)   (Date)

The signature of the Department Chair must be present on this form in order for admission to be deemed acceptable.
SECTION V: TO BE COMPLETED BY THE EXERCISE SCIENCE FACULTY FOR PROBATIONARY ACCEPTANCE INTO THE MAJOR

Based upon review of this application and the advisor’s review of admission requirements, I hereby recommend that the individual submitting this application being provisionally admitted to the Winthrop University Exercise Science Program.

____________________________________  __________________________
(Faculty Member Signature)  (Date)

____________________________________  __________________________
(Faculty Member Signature)  (Date)

____________________________________  __________________________
(Faculty Member Signature)  (Date)

All three EXSC faculty signatures must be present on this form in order for admission to be deemed acceptable.

SECTION VI: TO BE COMPLETED BY THE CHAIR OF THE DEPARTMENT OF PHYSICAL EDUCATION, SPORT, AND HUMAN PERFORMANCE

Based upon review of this application, the advisor’s review of admission requirements, and the recommendation of the EXSC faculty, I hereby recommend that the individual submitting this application being provisionally admitted to the Winthrop University Exercise Science Program.

____________________________________  __________________________
(Department Chair Signature)  (Date)

The signature of the Department Chair must be present on this form in order for admission to be deemed acceptable.

Reason for probationary status and timeline for completion:

________________________________________________________________________

________________________________________________________________________

Intervention Recommended:

________________________________________________________________________

________________________________________________________________________
SECTION VII: TO BE COMPLETED BY ANY EXSC FACULTY MEMBER OR DEPARTMENT CHAIR DENYING ADMISSION

This should only be completed if one or more faculty members or the Department Chair recommends that the student submitting this application be denied admission into the Winthrop University Exercise Science Program.

_____ I recommend that the student be denied admission into the Exercise Science Program at this time.

____________________________________  __________________
(Faculty Member Signature)             (Date)

____________________________________  __________________
(Faculty Member Signature)             (Date)

____________________________________  __________________
(Faculty Member Signature)             (Date)

____________________________________  __________________
(Department Chair Signature)           (Date)

Reason for admission denial:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Intervention Recommended:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________