APPLICATION FOR ADMISSION TO
THE WINTHROP UNIVERSITY
SPORT MANAGEMENT PROGRAM

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) 45 semester hours    Yes  No
- I have achieved a 2.75 cumulative grade point average Yes  No
- I have completed SPMA 101 with a grade of “C” or better Yes  No
- I have completed SPMA 235 with a grade of “C” or better Yes  No
- I have completed SPMA 200 with a grade of “C” or better Yes  No
- I have completed ACCT 280 with a grade of “C” or better Yes  No
- I have completed a Quantitative Skills course (MATH 150, 151, 105, 201) with a grade of “D-“ or better Yes  No
- I have completed WRIT 101 with a grade of “C” or better Yes  No
- I have completed HMXP 102 with a grade of “C” or better Yes  No
- I have attended and received credit for 9 Winthrop cultural events Yes  No
Disclosure Requirement: (Circle the appropriate response)

The following information is requested in order to process your application for admission into the Winthrop University Sport Management 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?  
  - If yes, please provide the following information.
    - (Type-Suspended, etc.)  (Semester)  (Year)
    - (Type-Suspended, etc.)  (Semester)  (Year)

- Have you ever been suspended, expelled, asked to withdraw, or placed on probation by any other higher education institution?  
  - If yes, please provide the following information.
    - (Type-Suspended, etc.)  (Semester)  (Year)
    - (Type-Suspended, etc.)  (Semester)  (Year)

- 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 Sport Management 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 Sport Management 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 Sport Management 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 SPMA FACULTY

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 Sport Management Program.

_____________________________________  _________________
(Faculty Member Signature)     (Date)

_____________________________________  _________________
(Faculty Member Signature)     (Date)

_____________________________________  _________________
(Faculty Member Signature)     (Date)

All three SPMA 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 SPMA faculty, I hereby recommend that the individual submitting this application being fully admitted to the Winthrop University Sport Management 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 ANY SPMA 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 Sport Management Program.

_____ I recommend that the student be denied admission into the Sport Management 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:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________