



Return to:
 Records & Registration, 126 Tillman Hall
 Rock Hill SC 29733
 Phone 803/323-2194 Fax 803/323-4600
 recandreg@winthrop.edu

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

_____ TERM APPLYING FOR: FALL 20__ SPRING 20__ SUMMER 20__
 WU ID or SSN _____

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to submit satisfactory complete credentials for admission: students failing to do so within the allotted time will be withdrawn from school after appropriate notification of such pending action.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.