Return to:
Project Director

APPLICATION FOR NON-DEGREE GRADUATE ADMISSION [OFF-CAMPUS/SPECIAL COURSE(S)]

PLEASE PRINT OR TYPE *Incomplete applications will be returned to the applicant unprocessed*

TERM APPLYING: ☐ FALL 20 _____ ☐ SPRING 20 _____ ☐ SUMMER 20 _____

SEX: ☐ MALE ☐ FEMALE

_____
Social Security Number

_____
Birth date

_____
Name — Last First Middle Second middle (if applicable)

_____
Name on previous academic records, if different E-mail address

_____ ( )
Permanent mailing address – Street/P.O. Box City State ZIP Phone

The following information is required so that Winthrop University may demonstrate to the U.S. Department of Education its compliance with Title VI of the 1964 Civil Rights Act. Please check the proper category.

☐ 1. International (Non-Resident Alien) ☐ 3. American Indian/Alaskan ☐ 5. Hispanic
☐ 2. Black (Non-Hispanic) ☐ 4. Asian/Pacific Islander ☐ 6. White (Non-Hispanic)

_____ _____
CURRENT EMPLOYER/ADDRESS PHONE

State of Legal Residence_____ County_____ Country of Birth_____

All applicants who claim South Carolina residency for tuition and fee purposes are required to complete the South Carolina residency form.

Citizenship **(Please check one.)**

☐ USA
☐ USA Permanent Resident, Citizen of _____ Alien Registration Number _____

REQUIRED: Provide copy of green card.

☐ Foreign, Citizen of _____

If you are not a U.S. citizen or immigrant, what is your current visa classification? _____

Please attach a copy of your current visa.

Are you certified to teach? ☐ Yes ☐ No

NAMES AND ADDRESSES OF ALL COLLEGES AND UNIVERSITIES ATTENDED	FROM MONTH/YR.	TO MONTH/YR.	DEGREE AND DATE MONTH/YR.		OFFICE USE ONLY
WINTHROP UNIVERSITY	/	/		/	
	/	/		/	
	/	/		/	
	/	/		/	
	/	/		/	

*List **all** colleges and universities attended, indicating **dates** of attendance.*

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 Student Government Association, the academic division, and the university. **Students who fail to submit satisfactory complete credentials for admission within the allotted time will be withdrawn from school after appropriate notification of such pending action. Students admitted as graduate non-degree students must comply with the following bulletin regulation. Admission as a graduate non-degree student does not guarantee subsequent admission into a graduate degree program.** Students classified as graduate non-degree who later elect to pursue a degree program must have their credentials evaluated for admission to the program they wish to pursue.

_____ _____
SIGNATURE OF APPLICANT DATE

List the course(s) that you wish to take and attach a check for tuition if appropriate. Courses numbered 500-600 are for graduate credit.

Call Number Course Suffix Number Title Hours

1. _____
2. _____
3. _____

An official final degree transcript must be sent to the Graduate Studies Office, 209 Tillman Hall, Winthrop University, Rock Hill, SC 29733 or you must attach a copy of your teaching certificate.