



Return to:
 The Graduate School
 211 Tillman Hall
 Rock Hill, SC 29733
gradschool@winthrop.edu
 (FAX) 803/323-2292

APPLICATION FOR TRANSIENT GRADUATE ADMISSION

Please complete this application and return with a nonrefundable \$50 application fee to the address listed above. Applications are valid for one year only.
Applications submitted without the fee will be returned to the applicant without being processed.

PLEASE PRINT OR TYPE

TERM APPLYING: FALL 20 ____ SEX: _____
 SPRING 20 ____ MALE ____ Social Security Number _____
 SUMMER 20 ____ FEMALE ____ Birth Date _____

Name—Last First Middle Second Middle (If Applicable)
 Name on previous academic records, if different Email Address (_____) _____
 Permanent Mailing Address – Street/P.O. Box City State Zip Phone

Ethnicity (for U.S. citizens only)
 How would you describe yourself? (Note: This information is optional and requested for federal and state reporting purposes. All applicants are considered without reference to sex, creed, or race.) **Please circle the appropriate categories**

- Are you Hispanic or Latino? Yes/No
- What is your race? Regardless of your answer to the previous question, please indicate what you consider yourself to be:

American Indian/ Alaskan Native Black/African American White Asian Native Hawaiian/Pacific Islander

CURRENT EMPLOYER/ADDRESS PHONE
 State of Legal Residence _____ Country _____ 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

List colleges and universities attended, indicating degrees and dates of attendance.

COLLEGES AND UNIVERSITIES	FROM MONTH/YR.	TO MONTH/YR.	DEGREE AND DATE MONTH/YR.	OFFICE USE ONLY
	/	/	/	
	/	/	/	
	/	/	/	
	/	/	/	
	/	/	/	

I certify that the information contained in this application and the accompanying documents are complete and accurate to the best of my knowledge. I have truthfully disclosed my citizenship status and understand that failure to do so will result in a violation of South Carolina immigration law. I understand that any omission or misrepresentation of fact will constitute cause for nullification of my application or dismissal from enrollment at Winthrop.

SIGNATURE OF APPLICANT DATE
 List the course(s) that you wish to take.
 Call Number Course Suffix Number Title Hours
 1. _____
 2. _____

Please have the graduate office at your home institution complete the following statement: The above student is a graduate student in good standing at _____ and is eligible to return.

SIGNATURE OF GRADUATE SCHOOL DEAN (SEAL OF INSTITUTION REQUIRED) DATE
 Winthrop University offers equal opportunity in its employment, admissions, and educational activities. The university is governed by civil rights laws, including Title IV of the Education Amendment of 1972 and Section 504 of the Rehabilitation Act of 1973, as amended.