



SCHOOL OF GRADUATE STUDIES
 CAMPUS PO BOX 7098
 300 COLLEGE STREET, NORTHEAST
 ORANGEBURG, SC 29117-0001 + (803) 536-7064
 FAX: (803) 536-8812

APPLICATION FOR ADMISSION FOR RENEWAL OF CERTIFICATION OR ADD-ON CERTIFICATION

NOTE: Approval of this application admits students for one academic term only

Admission Criteria: Credentials for admission to the College of Graduate & Professional Studies as a nondegree student for the purpose of renewal of a teaching certificate or to add-on a certification area are: (1) Completion of an Application for Certification Renewal or Add-On Certification; (2) \$25.00 nonrefundable application fee; (3) Copy of Current Educator Certificate; and (4) Proof and Oath of Residency for Tuition Purposes.

I wish to enroll in: Spring 20____ Summer 20____ Fall 20____

Name: _____
 Last First Middle/Maiden Social Security Number

Date of Birth_____ Marital Status: __Single __Married __Widowed __Divorced Sex: __Male __Female

Previous Full Name, if applicable: _____

Home Phone: () _____ Work Phone: () _____

Mailing Address: _____
 Street or PO Box Number City County State Zip Code

Email Address: _____

The following information is required by the U. S. Department of Education in compliance with Title VI of the 1964 Civil Rights Act. Please Check the appropriate category: __Black(Non-Hispanic) __Americna Indian/Alaskan __Asian/Pacific Islander __Internaltional(Non-Resident Alien) __White(Non-Hispanic) __Other_____

List Course Prefix and Title in Which You Expect to Register This Term:	Enrollment Objective
1. _____	Certificate Renewal
2. _____	Add-On Certification
3. _____	Alternate Initial Certification (PACE)

List Degrees Earned	Name of Institution	City and State	Year Degree Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Are you a certified Educator? ____Yes ____No In which state?_____ Certificate No:_____ (Copy Required)

If you have ever been admitted to the School of Graduate Studies at SCSU, but did not earn a degree, what was the last semester and year of your attendance? (Circle) Fall Spring Summer (Year)_____ Total hours earned:_____

I certify that all information given by me above is true to the best of my knowledge. I understand that the University Catalog and other official University publications constitute my contract with South Carolina State University and that any delay or failures in meeting course and/or certification requirements caused by my failure to comply therewith are my personal responsibility. The submission of fraudulent records constitutes grounds for denial of admission or dismissal from the University. I understand that to enter a graduate/advanced degree program in the future, I must submit an Application for Graduate Admission and meet all admission requirements as stated in the SCSU Graduate Catalog.

Signature of Applicant: _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE

_____ Date: _____

Approval: Dean, College of Graduate & Professional Studies

