

**SCHOOL OF GRADUATE STUDIES
South Carolina State University**

BOX 7098 - 300 COLLEGE STREET, NE - ORANGEBURG, SOUTH CAROLINA 29117-0001
(803) 536-7064 FAX: (803) 536-8812

****APPLICATION FOR READMISSION****

(Students who have not enrolled for one or more semesters must file this form with the Graduate School not less than 20 days before the opening date of registration. NOTE: If you do not have a letter of full or nondegree admission signed by the Graduate Dean, please do not use this form.)

- a. If you are seeking a graduate degree, request an "Application for Graduate Admission."
- b. If you are seeking certification renewal or add-on certification, request an "Application for Admission for Renewal of Certification Only."

PLEASE OBSERVE THESE FILING DEADLINES: FALL - July 25 SPRING - DECEMBER 15 SUMMER - APRIL 30

I wish to re-enter the School of Graduate Studies in: August, 20_____ January, 20_____ May, 20_____

NAME _____
Last First Middle/Maiden Social Security No.

If previous enrollment was not under above name, please give full previous name.

_____ Date of Birth _____

MAILING ADDRESS

Number and Street City County State Zip Code

Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Male	<input type="checkbox"/> Black	<input type="checkbox"/> Native American
	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Female	<input type="checkbox"/> White	<input type="checkbox"/> Other _____

Work Telephone: A/C () _____ Home Telephone: A/C () _____

Citizen of the United States? Yes No Resident of South Carolina? Yes No

PLEASE CHECK AND COMPLETE THE APPROPRIATE ITEM(S):

I have been **FULLY admitted** to Graduate School at SCSU and wish to complete requirements for full admission to a degree program.

I have been **FULLY admitted** to the: M.A. M.A.T. M.B.A. M.Ed. M.S. Ed.S. Ed.D. degree Program in _____ and wish to continue work toward this degree.

If you wish to change your major (subject-matter area) check here to request a "Change of Subject-Matter Form."

I have been properly admitted as a nondegree (**credentials missing**) student and wish to complete requirements for full admission to a graduate degree program.

I have been properly admitted as a nondegree (**certification**) student and wish to complete courses for certification renewal/add-on certification only. (Limited to 500-700 level courses)

Other (Explain) _____

Last Semester Attended SCSU Graduate School: _____

I certify that all information given above is true to the best of my knowledge. I understand that the *SCSU Graduate 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 degree requirements caused by my failure to comply are my personal responsibility.

SIGNATURE OF APPLICANT _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE

APPROVED DISAPPROVED Graduate Dean's Signature _____ Date _____

See Advisor _____ Telephone No.: _____

COMMENTS:

DISTRIBUTION: Original - Graduate Admissions Copy 1 - Student Copy 2 - Graduate Office Copy 3 - Advisor