

SOUTH CAROLINA STATE UNIVERSITY
Orangeburg, South Carolina 29117

UNDERGRADUATE APPLICATION FOR READMISSION

Semester you wish to reenter SCSU _____ Social Security # _____
Semester/Month/Year

NAME _____
Last First Middle/Maiden

IF PREVIOUS ENROLLMENT AT SCSU WAS NOT UNDER ABOVE NAME, PLEASE GIVE FULL NAME BELOW:

Nation of Citizenship _____	Date of Birth _____ Mo./Day/Yr.	Sex Male _____ Female _____ Other _____	Race Black _____ White _____	Marital Status Single _____ Married _____	Physical Disability Yes _____ No _____
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Permanent Home Address _____
Number and Street City State Zip Code

Local Mailing Address _____ **Local Telephone** _____

Date of First SCSU Registration: _____
Semester Year

Major _____ **Minor** _____

Church Preference: _____

Residence: South Carolina _____ Alien, Temporary Visa _____ State Other Than S.C. _____
Alien, Resident of S. C. _____ Alien, Resident Other Than S.C. _____

Last Semester Attended SCSU: _____
Semester Year

Completed: Yes _____ No _____

If You Withdrew, Give Approximate Date _____
Month Year

List below all colleges or Universities attended since last attendance at SCSU

Signature of Applicant _____ Date _____
Do Not Write Below This Line

Academic Status: _____ Approved: _____ Rejected: _____
Approved: _____ Rejected _____

Signature Date Signature Date