SCHOOL OF BUSINESS

Prospective Students Inquiry

Check one: Freshman ________ Transfer ________ Other ______________________

Name ____________________________________________

Last                                           First                                           Middle

Date of Birth __________________________ (MM/DD/YY)   Gender: Female ____ Male ____

Mailing Address:
________________________________________

Street, P.O. Box

City ___________________________ State __________ Zip Code __________ County or Province ____________

Country of Citizenship ____________________________ High School ____________________________

Tel. Number ____________________ Cell Number ___________ E-Mail __________________________

I am most interested in the following program(s) of study (major):

Accounting ___________ Agribusiness ___________ Economics ___________
Management ___________ Marketing ___________

School of Business
South Carolina State University
P. O. Box 7176  Orangeburg, SC 29117
Mrs. Laurene Davis, Data Communication Coordinator
(803) 536-7935  E-mail: ldavis12@scsu.edu