

# UNDERGRADUATE APPLICATION FORM

UNIVERSITY OF SOUTH CAROLINA UNION  
P.O. DRAWER 729  
UNION, SC 29379  
(864) 424-8011



UNIVERSITY OF  
**South Carolina**  
UNION

*A Regional Palmetto College*

Term you expect to begin classes:

\_\_\_\_\_ Spring, Early January, 20 \_\_\_\_\_

\_\_\_\_\_ Summer I, 20 \_\_\_\_\_

\_\_\_\_\_ Summer II, 20 \_\_\_\_\_

\_\_\_\_\_ Fall, Late-August, 20 \_\_\_\_\_

A non-refundable application fee must be submitted. For the USC Union Campus, the fee is \$40 for first-time entering students, \$10 for readmits, and \$10 for non-degree seeking students. Students pay the additional \$30 if they become degree seeking. **PLEASE PRINT.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Applicant's Social Security Number

1. \_\_\_\_\_  
Last or Family Name First Name Middle Name Any other name on record

2. \_\_\_\_\_  
Permanent Mailing Address City State Zip County Within SC

3. How long have you lived at the above address? \_\_\_\_\_

4. Permanent Phone: (Area Code) \_\_\_\_\_ / \_\_\_\_\_ Present Daytime Phone: (Area Code) \_\_\_\_\_ / \_\_\_\_\_

5. E-mail Address: \_\_\_\_\_

6. Check one of the following which best describes your present application:  
 Freshman  Readmit  Transfer  Non-degree Seeking  Summer, non-continuing  Audit

7. Have you ever attempted USC courses before? Yes ( ) No ( ) If yes, check items  
 Regular undergraduate  non-degree  concurrent H. S. student  another USC Campus at \_\_\_\_\_

8. Approximate date of last USC course \_\_\_\_\_.

9. Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Male ( ) Female ( )  
MM DD YYYY

10. Are you a legal resident of South Carolina? Yes ( ) No ( ) Uncertain ( ) If you **are** a resident of South Carolina, provide information requested below. No person is eligible for in-state status unless she/he is domiciled within South Carolina. A person does not acquire a domicile in South Carolina until she/he has been a resident of the state for twelve consecutive month's immediately preceding registration for the term for which in-state status is claimed or meets state requirements for domicile. Information on South Carolina residency requirements may be obtained by contacting the Admissions Office at (864) 424-8011.

How long have you lived in South Carolina? \_\_\_\_\_ Year(s) \_\_\_\_\_ Month(s)

What is your county of residence in South Carolina? \_\_\_\_\_

Were you claimed for income tax purposes by your Parent(s), Guardian(s), or Spouse or did you file jointly with your Spouse? ( ) Yes ( ) No

Upon whom are you financially dependent? ( ) Self ( ) Parent ( ) Legal Guardian ( ) Other \_\_\_\_\_

Have you, or the person upon whom you are dependent, been employed in South Carolina within the past 12 months? ( ) Yes ( ) No  
If yes, complete employer information below.

\_\_\_\_\_  
Employer City / State / Zip Code

\_\_\_\_\_  
Dates: From to Full-time or Part-time Telephone Number

Address of whom you are financially dependent: \_\_\_\_\_

11. Are you a citizen of the USA? ( ) Yes ( ) No ( ) Foreign, permanent resident of the USA
12. Are you registered to vote? ( ) Yes ( ) No If yes, in what state? \_\_\_\_\_
- Are you licensed to drive? ( ) Yes ( ) No If yes, state license issued? \_\_\_\_\_
- Is any motor vehicle registered in your name? ( ) Yes ( ) No If yes, state registered? \_\_\_\_\_
- Have you ever served on a jury? ( ) Yes ( ) No If yes, in what state? \_\_\_\_\_

13. Ethnic background: The University of South Carolina is required to collect information on the ethnic and racial composition of its student body and report this information to the U.S. Department of Education.

Do you consider yourself to be either Hispanic, Latino or of Spanish origin? ( ) Yes ( ) No

Please select one or more of the following groups with which you identify:

( ) American Indian or Alaskan Native ( ) Black or African American ( ) White ( ) Asian ( ) Native Hawaiian or other Pacific Islander

14. Emergency Contact: \_\_\_\_\_

Last Name	First Name	Middle
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Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

15. Have you attempted the College Entrance Examination Board's SAT? ( ) Yes ( ) No; the American College Test – ACT? ( ) Yes ( ) No

If you have taken one of these tests, what was the month and year? \_\_\_\_\_

Please ask the Testing Center or your high school to send these results to the Admissions office.

16. Name of your high school: \_\_\_\_\_

City	State	Zip
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Did you graduate? ( ) Yes ( ) No ( ) GED Month and year of graduation \_\_\_\_\_

17. Have you ever attempted any college classes for credit, or do you expect to attempt college classes for credit before entering USCU? ( ) Yes ( ) No  
If yes, list the names and dates of attendance of **all colleges**, beginning with the earliest dates, whether or not you expect to transfer credit.

Names of all Colleges	Cities, States	FROM	TO
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

18. Do you expect to attempt any additional college-level credits from the time of this application until you hope to enter USCU? ( ) Yes ( ) No

If so, where? \_\_\_\_\_

If enrolled in college courses now or if additional college course are planned, when will you take your last exam? \_\_\_\_\_

19. What is your intended major? \_\_\_\_\_

### GENERAL INFORMATION

20. How did you hear about USC Union? TV Radio Newspaper Poster Brochure Friend Relative Other \_\_\_\_\_

This information will be kept on file in the Records Office and will be held in the strictest of confidence unless needed in an emergency.

21. I certify that all information provided in this application is complete and correct, and I understand that any false information or omission of previous college attendance is cause for immediate cancellation of registration at the University of South Carolina.

I further understand that the University may find it necessary to request additional information from my previous colleges or schools, and I grant permission to do so.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_