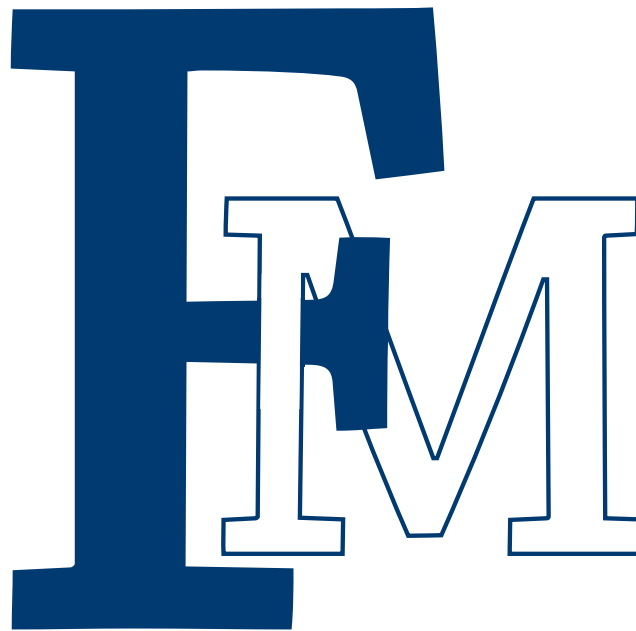


# FRANCIS MARION UNIVERSITY

## Undergraduate Application for Admission



Please complete this form and submit the following:

- Official high school and college transcript(s) from all institutions attended. If currently enrolled, please include current schedule or work in progress. Transcripts must be sent to FMU's Office of Admissions directly from your high school.
- Official SAT or ACT scores.
- A \$39 non-refundable application fee made payable to FMU. (Fees are subject to change.)

# Francis Marion University

## Undergraduate Application

### APPLICANT INFORMATION

**Enrollment Status (check one):**

- First-year Freshman seeking a Bachelor's Degree     Second Bachelor's Degree     Non-Degree  
 Transfer Student seeking a Bachelor's Degree     Concurrent Student     Transient  
 Readmit     Dual Enrollment     Bridge

**Term of Proposed Enrollment:**

- Fall     Spring     Late Spring     Summer I     Summer II    Year \_\_\_\_\_

**Location (RN-to-BSN students only):**  Florence     Mt. Pleasant

**Do you plan to live on campus?**  Yes     No

**If applying as a first-year freshman, would you like to be considered for the Patriot Pathway program in the event you do not meet our freshman admission requirements?**  Yes     No

**Legal Name:** \_\_\_\_\_  
First Middle Last

**Preferred First Name or Nickname:** \_\_\_\_\_

**Maiden Name or Former Last Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Gender:**  Female     Male     Other

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Permanent Address:** \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

**Is your mailing address the same as your permanent address?**  Yes     No

**Mailing address if different from permanent address:** \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City State Zip

**Email Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Are you a current member of the U.S. Armed Forces?**  Yes     No

**Are you a veteran of the U.S. Armed Forces?**  Yes     No

**Are you the spouse or dependent of a full-time member of the U.S. Armed Forces:**

- Yes—Spouse     Yes—Dependent     No

**Do you plan to use veteran benefits to cover the cost of your tuition?**  Yes     No

**Proposed Major (Select one check box that best applies to your academic area of interest):**

- |   |   |   |  |  |
|---|---|---|--|--|
| <input type="checkbox"/> <b>Biology</b><br>Environmental Science<br>Medical Technology<br>Pre-Dental<br>Pre-Medical<br>Pre-Physical Therapy<br>Pre-Veterinary                         | <input type="checkbox"/> <b>Chemistry</b><br>Environmental Science<br>Pre-Pharmacy  | <input type="checkbox"/> <b>Mass Communication</b><br>Broadcast Journalism<br>Print Journalism<br>Public Relations<br>Sports Broadcasting | <input type="checkbox"/> <b>Physics</b><br>Civil Engineering<br>Technology<br>Electronic Engineering<br>Technology<br>Health Physics<br>Industrial Engineering<br>Dual Degree with Clemson | <input type="checkbox"/> <b>Theatre Arts</b><br>Performance<br>Production                                  |
| <input type="checkbox"/> <b>Business</b><br>Accounting<br>Business Economics<br>Computer Science<br>Economics<br>Finance<br>Management<br>Management Information Systems<br>Marketing | <input type="checkbox"/> <b>Education</b><br>Art Education<br>Early Childhood Education<br>Elementary Education<br>Middle Level Education<br>Secondary Education-English & Math | <input type="checkbox"/> <b>Mathematics</b><br>Secondary Teaching<br>Certification  | <input type="checkbox"/> <b>Political Science</b><br>Criminal Justice<br>Pre-Law   | <input type="checkbox"/> <b>Visual Arts</b><br>Ceramics<br>Visual Communication<br>Painting<br>Photography |
|   | <input type="checkbox"/> <b>English</b><br>Professional Writing<br>Liberal Arts Program   | <input type="checkbox"/> <b>Modern Languages</b><br>French<br>German<br>Spanish   | <input type="checkbox"/> <b>Psychology</b><br>Criminal Justice   |  |
|   | <input type="checkbox"/> <b>Healthcare Administration</b>   | <input type="checkbox"/> <b>Music Industry</b>  | <input type="checkbox"/> <b>Sociology</b><br>Criminal Justice  |  |
|   | <input type="checkbox"/> <b>History</b>   | <input type="checkbox"/> <b>Pre-Nursing</b>   |  |  |
|   |   | <input type="checkbox"/> <b>RN-to-BSN</b>   |  |  |

**DEMOGRAPHIC INFORMATION**

**Are you Hispanic/Latino?**  Yes, I am Hispanic/Latino  No, I am not Hispanic/Latino

**Race (select all that apply):**

- American Indian or Alaska Native  Asian  Black or African American  White or Caucasian  
 Native Hawaiian or other Pacific Islander

**CITIZENSHIP STATUS - ALL APPLICANTS MUST COMPLETE**

**Please check all boxes that apply.**

- |  |  |
|--|--|
| <input type="checkbox"/> <b>U.S. Citizen</b>   | <input type="checkbox"/> <b>Not a U.S. Citizen</b>           |
| <input type="checkbox"/> <b>Dual U.S. Citizen</b><br>Citizenship other than U.S. _____<br>Country of birth _____ | Country of citizenship: _____<br>Country of birth: _____     |
| <input type="checkbox"/> <b>Permanent Resident</b><br>Registration/Alien Number _____<br>Country of birth _____  | <input type="checkbox"/> <b>Other</b> (please specify) _____ |

**FAMILY CONTACT INFORMATION**

**Please provide information for at least one contact below:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Contact's relation to you:** \_\_\_\_\_ **Is this person a graduate of FMU?**  Yes  No

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Phone:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Contact's relation to you:** \_\_\_\_\_ **Is this person a graduate of FMU?**  Yes  No

## HIGH SCHOOL EDUCATION INFORMATION

Name of High School: \_\_\_\_\_ Location: \_\_\_\_\_  
City and State

Did you graduate?  Yes  No  Still Enrolled Date of (or anticipated date of) graduation: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

If not, did you earn a GED?  Yes  No State Awarded: \_\_\_\_\_ Year Earned: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Have you been enrolled or are you currently enrolled in dual credit college courses?  Yes  No

If you answered yes above, please list all colleges/universities at which you have taken (or are taking) dual credit courses.

Name of dual credit college/university: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City and State Month Year Month Year

Name of dual credit college/university: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City and State Month Year Month Year

## COLLEGE/UNIVERSITY EDUCATION INFORMATION

List all colleges, universities and other institutions of higher learning you have enrolled after completing high school or equivalent degree. If you have attended more than three institutions, please attach a list of the additional institutions you have attended to the application.

Name of college/university: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City and State Month Year Month Year

Degree earned:  Yes  No If yes, what degree did you earn? \_\_\_\_\_

Name of college/university: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City and State Month Year Month Year

Degree earned:  Yes  No If yes, what degree did you earn? \_\_\_\_\_

Name of college/university: \_\_\_\_\_

Location: \_\_\_\_\_ Dates of Attendance: \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_  
City and State Month Year Month Year

Degree earned:  Yes  No If yes, what degree did you earn? \_\_\_\_\_

## ACTIVITIES AND ACHIEVEMENTS

List any academic distinctions you have received in high school or college as well as any extracurricular, community, or volunteer activities.

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**SOUTH CAROLINA STATE RESIDENCY (NON-RESIDENTS SKIP TO CAMPUS SAFETY STANDARDS)**

All public colleges in South Carolina are required to document the residency status of each student who enrolls. No person is eligible for in-state status unless he/she meets state requirements for domicile. Failure to complete each question of this section will result in the student being classified as a **NON-RESIDENT** and billed the **OUT-OF-STATE** tuition rate. Additional information may be requested per SC Law 59-112. South Carolina residency requirements may be found online at che.sc.gov.

**SOUTH CAROLINA DEPENDENT RESIDENCY VERIFICATION (NON-RESIDENTS SKIP TO CAMPUS SAFETY STANDARDS)**

If a parent or guardian provides half of your support, please complete this section.

Your Legal Name: \_\_\_\_\_ Your Age: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

With whom do you reside?  Self  Both Parents  Father  Mother  Other \_\_\_\_\_

Who claims you for federal income tax purposes?  Self  Both Parents  Father  Mother  Other \_\_\_\_\_

Parent's marital status:  Single/never married  Married  Divorced/separated  Widowed  Remarried

If parents are divorced or separated, who is the custodial parent?  Self  Both Parents  Father  Mother  
 Not applicable

Person who provides the majority of your support?

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Citizenship:  U.S. Citizen  Permanent Resident  Not a U.S. Citizen or Permanent Resident

How long has this person resided in South Carolina? Years: \_\_\_\_\_ Months: \_\_\_\_\_

Address: \_\_\_\_\_  
Number and Street City State Zip

Current Residence:  Rent/lease  Own  Other \_\_\_\_\_

Driver's License: \_\_\_\_\_

State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 New (first issued)  Renewed

Vehicle Registration: \_\_\_\_\_

State: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Purchase Date: \_\_\_\_\_  
 New (first issued)  Renewed

If this person relocated to South Carolina, what was their previous state of residence? \_\_\_\_\_

Employment status:  Employed  Unemployed

Employer Name: \_\_\_\_\_ Employer Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Number and Street City State Zip

Employment Dates: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

If your claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of current orders to the Office of Admissions.

Branch of Service:  USAF  USA  USN  USMC  USCG

Home of record on L.E.S. \_\_\_\_\_

**SOUTH CAROLINA INDEPENDENT RESIDENCY VERIFICATION (NON-RESIDENTS SKIP TO CAMPUS SAFETY STANDARDS)**

**If you are an independent student, please complete this section with your information.**

An independent student is defined as one who will provide more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment and will not be claimed as a dependent or exemption on the income tax return of a parent, guardian, or spouse.

**Your Legal Name:** \_\_\_\_\_ **Your Age:** \_\_\_\_\_

**Your Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**Where were you born?** \_\_\_\_\_

**Citizenship:**  U.S. Citizen  Permanent Resident  Not a U.S. Citizen or Permanent Resident

**How long have you resided in South Carolina?** Years: \_\_\_\_\_ Months: \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street City State Zip

**Current Residence:**  Rent/lease  Own  With parents  Campus residence  Other \_\_\_\_\_

**Your marital status:**  Single/never married  Married  Divorced/separated  Widowed  Remarried

**Who claims you for federal income tax purposes:**  Self  Both Parents  Father  Mother  Other \_\_\_\_\_

**Driver's License:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_  
 New (first issued)  Renewed

**Vehicle Registration:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Date Issued:** \_\_\_\_\_ **Purchase Date:** \_\_\_\_\_  
 New (first issued)  Renewed

**If you relocated to South Carolina, what was your previous state of residence?** \_\_\_\_\_

**Employment status:**  Employed  Unemployed

**Employer Name:** \_\_\_\_\_ **Employer Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Employer Address:** \_\_\_\_\_  
Number and Street City State Zip

**Employment Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year Month Year

**If your claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of current orders to the Office of Admissions.**

**Branch of Service:**  USAF  USA  USN  USMC  USCG

**Home of record on L.E.S.** \_\_\_\_\_

**CAMPUS SAFETY STANDARDS - ALL APPLICANTS MUST COMPLETE THIS SECTION**

A “yes” answer to one or more of the following questions will not necessarily preclude your being admitted by the University. However, failure to provide complete and accurate information will be grounds to deny admission, withdraw admission, or enact disciplinary sanctions after enrollment. For the purpose of responding to these questions, “crime” or “criminal charge” refers to any crime other than a traffic-related misdemeanor or infraction. Include all alcohol or drug offenses whether or not they are traffic-related.

- 1. Have you ever been convicted of a criminal offense or otherwise accepted responsibility for the commission of a crime?  
 Yes  No
- 2. Are there criminal charges pending against you at this time?  
 Yes  No
- 3. Have you ever entered a plea of guilty, plea of no contest, or an Alford plea in response to a criminal charge?  
 Yes  No
- 4. Have you ever been dismissed, placed on probation or out-of-school suspension by any school or college/university for reasons other than academic reasons?  
 Yes  No
- 5. Have you ever received a military discharge of any type other than an honorable discharge?  
 Yes  No

If you answered “yes” to any of the five questions above, please provide a written explanation in the space provided below regarding the circumstances (provide details such as dates and locations) and describe your commitment to responsible behavior and good campus citizenship.

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You must promptly notify the Office of Admissions in writing of any criminal charge, any disposition of a criminal charge, any school or college/university disciplinary action against you, or any type of military discharge other than honorable discharge that occurs at any time after you submit this application. Your failure to do so will be grounds to deny or withdraw your admission or to make you subject to disciplinary sanctions after enrollment.

**APPLICANT SIGNATURE**

The information provided in this application is complete and accurate to the best of my knowledge. I agree to accept the regulations set forth in the FMU catalog regarding academic standing, attendance, personal conduct and other matters. I realize that withholding information from or providing false information to the University could result in my application being rejected, my admission being rescinded, or my dismissal from Francis Marion University.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Francis Marion University follows all federal and state laws banning discrimination in public institutions of higher learning. Francis Marion adheres to all Title IX policies, and does not discriminate on the basis of race, color, sex, religion, ethnicity, national origin, age, sexual orientation, gender identity, veteran status or any other protected category under applicable local, state, or federal law. General questions regarding Title IX can be directed to the Office of Civil Rights ([www.ed.gov/ocr](http://www.ed.gov/ocr)). Specific questions may be referred to the University's Title IX Coordinator ([titleixcoordinator@fmarion.edu](mailto:titleixcoordinator@fmarion.edu)).