



# Physician Assistant Program Supplemental Application

To be guaranteed timely consideration for acceptance into the PA Program, the supplemental application must be submitted in addition to the application through the Centralized Application Service for Physician Assistants (CASPA).

Applicants are responsible for submission of the following materials to the Physician Assistant Program (Mail to FMU Physician Assistant Program, PO Box 100547, Florence, SC 29502):

- Supplemental application
- Application fee - \$41.00. (Cash, Check, or Money Order accepted. Please make check payable to Francis Marion University and include DOB and License number.)
- Personal statement of 400-750 words explaining the student's reason for applying to Francis Marion Physician Assistant Program and describing his/her clinical experience.

It is the applicant's responsibility to gather **all** materials to complete his/her application. Only completed applications (with all materials) will be reviewed by the appropriate academic unit. Your application is not considered complete until we receive the supplemental application with payment.



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## FRANCIS MARION UNIVERSITY

PO Box 100547 · Florence, SC 29502 · 843-661-1284 · [www.fm Marion.edu/academics/graduateprograms](http://www.fm Marion.edu/academics/graduateprograms)

# General Information

Please print in ink or type:

**Enrollment type** (check one):

- New graduate student who has never earned graduate credit at an institution
- First-time graduate student at FMU who has also earned graduate credit at another institution
- Graduate student returning to FMU graduate program

- 1. Do you want to live on-campus? Yes  No
- 2. Are you active military personnel? Yes  No
- 3. Are you a U.S. Veteran? Yes  No

**Program:**

Physician Assistant

**Demographics:**

Are you Hispanic/Latino? \_\_\_ Yes \_\_\_ No  
Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describes you:  
\_\_\_ American Indian or Alaska Native  
\_\_\_ Asian  
\_\_\_ Black or African-American  
\_\_\_ Native Hawaiian or other Pacific Islander  
\_\_\_ White

**Personal information:**

Full Name \_\_\_\_\_  
*Last First Middle Any other last name on record*

Preferred Name \_\_\_\_\_

Social Security Number \_\_\_\_\_  Female  Male Date of Birth \_\_\_\_\_  
*Month/Day/Year*

Permanent Address \_\_\_\_\_  
*Number and Street City State Zip Code County Country*

Home Phone (\_\_\_\_) \_\_\_\_\_ Local Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
*(if different from permanent address) Number and Street*

\_\_\_\_\_ *City State Zip Code County Country*

Email Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
*(These will be used for official emergency communication purposes while a student at FMU.)*

**Emergency contact information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

# Declaration of Residency

**This section must be completed in order for your application to be processed.**

Francis Marion University is required under South Carolina Law 59-112 to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiation documentation is required to affirm residence status. Additional information may be requested if further clarification is needed.

Is South Carolina your permanent state of residence?  Yes  No

U.S. Citizen?  Yes  No Dual U.S.?  Yes  No U.S. Permanent Resident Alien?  Yes  No

Alien Registration number \_\_\_\_\_ (submit copy of Green Card)

Foreign Citizen\* Country of Citizenship \_\_\_\_\_

\*Visa Type (please select one):

A-1  A-2  E-2  F-1  G-1  G-2  G-3  G-4

H-1A  H-1B  H-2A  H-2B  H-3  H-4  J-1  K-1

K-2  L-1  L-2  N-8  N-9  Other (please specify) \_\_\_\_\_

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

State of previous residency \_\_\_\_\_

If you moved to South Carolina during the past five years, what prompted your move to this state?

Education  Employment  Other \_\_\_\_\_

List addresses where you have lived for more than 30 days during the past 48 months. Begin with the most current address.

From: (month/yr) \_\_\_\_\_ To: (month/yr) \_\_\_\_\_ Address (City, State, Zip Code) \_\_\_\_\_

From: (month/yr) \_\_\_\_\_ To: (month/yr) \_\_\_\_\_ Address (City, State, Zip Code) \_\_\_\_\_

List the employer of the person on whom you are basing your claim for residency:

Employer name \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

City/State \_\_\_\_\_

Are you registered to vote in the U.S.?  Yes  No If yes, what state? \_\_\_\_\_

Are you licensed to drive in the U.S.?  Yes  No If yes, what state and date of issue? \_\_\_\_\_

Is a motor vehicle registered in your name?  Yes  No If yes, what state and date of issue? \_\_\_\_\_

# Campus Safety Standards

*ALL applicants must complete*

A "yes" answer to one or more of the following questions will not necessarily preclude your admittance. 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, a plea of no contest, a plea of *nolo contendere*, or an Alford plea in response to a criminal charge? \_\_\_ Yes     \_\_\_ No
4. Have you ever been dismissed, suspended, or placed on probation by any school, college or university for reasons other than academic performance? \_\_\_ 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 explain the circumstances in a typed letter (providing details such as dates and locations) and describe your commitment to responsible behavior and good campus citizenship. Your name and contact information should be included at the top of the letter.

*You must promptly notify the Office of Graduate Admissions in writing of any criminal charge, any disposition of a criminal charge, or any school, college or university disciplinary action against you, or any type of military discharge other than an 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 make you subject to disciplinary sanctions after enrollment.*

Please make sure you have completed every item on this section and have provided the required explanations (if appropriate) before proceeding.

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## 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 rescinded, or my dismissal from Francis Marion University.

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*Applicant*

*Date*

*Francis Marion University offers equal opportunity in its employment, admissions, and educational activities in compliance with federally-mandated civil rights legislation and corresponding state of South Carolina legislation.*

For office use only

RECEIVED \_\_\_\_\_ APPL FEE \_\_\_\_\_