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. Please make check payable to Francis Marion University.
- 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.
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: __________________________ To: __________________________
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.

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.

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.