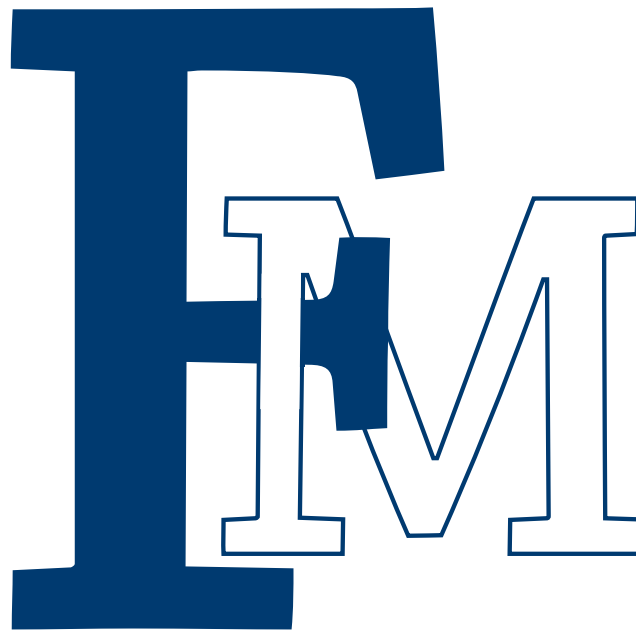


FRANCIS MARION UNIVERSITY

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

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

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.

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). Specific questions may be referred to the University's Title IX Coordinator (titleixcoordinator@fmarion.edu).