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 $41 non-refundable application fee made payable to FMU. (Fees are subject to change.)
### Applicant Information

#### Enrollment Status (check one):
- [ ] First-year Freshman seeking a Bachelor’s Degree
- [ ] Transfer Student seeking a Bachelor’s Degree
- [ ] Readmit
- [ ] Second Bachelor’s Degree
- [ ] Concurrent Student
- [ ] Dual Enrollment
- [ ] Non-Degree
- [ ] Transient
- [ ] 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:**

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
</tr>
</thead>
</table>

**Preferred First Name or Nickname:** __________________________

**Maiden Name or Former Last Name:** __________________________

**Social Security Number:** ________ ________ - ________ - ________ ________

**Gender:**  [ ] Female  [ ] Male  [ ] Other

**Date of Birth:** ________ / ________ / ________

**Permanent Address:**

<table>
<thead>
<tr>
<th>Number and Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

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

**Mailing address if different from permanent address:**

<table>
<thead>
<tr>
<th>Number and Street</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

**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):

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

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.

- U.S. Citizen
- Dual U.S. Citizen
  - Citizenship other than U.S.
  - Country of birth
- Permanent Resident
  - Registration/Alien Number
  - Country of birth
- Not a U.S. Citizen
  - Country of citizenship:
  - Country of birth:
- 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 _____ / _____

Month Year Month Year

Name of dual credit college/university: __________________________________________________

Location: ______________________________________ Dates of Attendance: _____ / _____ to _____ / _____

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 _____ / _____

Month Year Month Year

Degree earned: □ Yes □ No If yes, what degree did you earn? ______________________________________

Name of college/university: __________________________________________________

Location: ______________________________________ Dates of Attendance: _____ / _____ to _____ / _____

Month Year Month Year

Degree earned: □ Yes □ No If yes, what degree did you earn? ______________________________________

Name of college/university: __________________________________________________

Location: ______________________________________ Dates of Attendance: _____ / _____ to _____ / _____

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: ___ ___ / ___ ___ / ___ ___ ___ ___

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).