

# Francis Marion University Graduate Application for Admission

**TO BE GUARANTEED TIMELY CONSIDERATION FOR ACCEPTANCE INTO THE GRADUATE PROGRAM, ALL MATERIALS LISTED BELOW MUST BE SUBMITTED BY:**

**FALL ADMISSION — APRIL 15  
SPRING ADMISSION — OCTOBER 15**

Applicants are responsible for submission of the following materials to the Graduate Office:

- A. Graduate Application
- B. Application Fee — \$30.00. Please make check payable to Francis Marion University.
- C. *Official* transcript(s) from each college or university attended at both the graduate and undergraduate level. Transcript(s) should be mailed directly to the Graduate Office at the address below.
- D. Official Test Scores
- E. Two (2) Letters of Recommendation from individuals who can attest to your academic potential
- F. Personal Statement

**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.**

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FRANCIS MARION UNIVERSITY  
GRADUATE OFFICE  
P.O. Box 100547  
FLORENCE, S.C. 29501-0547  
843-661-1284 OR 1-800-368-7551  
WWW.FMARION.EDU  
GRADUATE@FMARION.EDU

# Graduate Application for Admission

## Francis Marion University

Please print in ink or type

**Enrollment Type:** (check only 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

**Enrollment Status:** (check only one):

- Degree Seeking (seeking to earn a master's degree from FMU)
  - Non-Degree Seeking (taking courses for personal enrichment, job growth or recertification)
  - Transient Student (taking courses to apply toward work at another institution)
- NOTE: Written permission from the Academic Officer or Registrar of original institution must be received prior to registering.*

**Term applied for:**

- Fall
- Spring
- Summer

**Program:**

- Business
- Education
- Psychology

**Ethnic Background:** (check one)

*Responding to this inquiry is voluntary and will not be used in a discriminatory fashion.*

- 1 = White, not of Hispanic Origin
- 2 = American Indian or Alaskan Native
- 3 = Black, not of Hispanic Origin
- 4 = Asian or Pacific Islander
- 5 = Hispanic

**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*

\_\_\_\_\_ Home Telephone ( ) \_\_\_\_\_  
*City State Zip Code County*

Country of Citizenship \_\_\_\_\_ Work Telephone ( ) \_\_\_\_\_

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

\_\_\_\_\_ Local Telephone ( ) \_\_\_\_\_  
*City State Zip Code County*

E-mail Address \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation?  Yes  No

If yes, please list charge(s):

Offense	Where convicted	Date	Disposition or Status

**Emergency contact information:**

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

Address \_\_\_\_\_

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

**Education information**

Undergraduate Major: \_\_\_\_\_ Undergraduate Degree: \_\_\_\_\_

Institution granting degree: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
*Name City State Month Day Year*

List all institutions from which you have earned **GRADUATE** credit. (This information is required.)

If you have already earned a **graduate** degree, please list the degree and the date it was earned.

*Transfer students must be in good standing at the institution last attended and must request each institution previously attended to forward to you an official transcript (sealed by the Registrar).*

## EDUCATION

CODES:

(check one)

- 0801 = Early Childhood                       0856 = Master of Arts in Teaching - Learning Disabilities  
 0802 = Instructional Accommodation             0860 = Master of Education - Learning Disabilities  
 0805 = Education - **Non-degree\***

Teaching Credential Number: \_\_\_\_\_ Certification Endorsements: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_

Degree Seeking students must submit the following:

1. OFFICIAL TRANSCRIPT - from each college attended (sealed by the Registrar)
2. TEST SCORES (MILLERS ANALOGIES or NTE (PRAXIS II) or GRE) (A copy of a valid S.C. teacher's certificate may be submitted in lieu of test scores in all programs **except** the Master of Arts in Teaching program where Millers Analogies or GRE scores are required.)
3. TWO (2) LETTERS OF RECOMMENDATION (from individuals who can attest to your academic potential)
4. WRITTEN STATEMENT – as an attachment – of your philosophy of education.

\* Non-Degree Seeking students must submit copies of valid teacher's certificate or college/university diploma or Official Transcript(s).

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## PSYCHOLOGY

CODES:

(check one)

- 2000 = Applied Psychology - **Non-degree\***  
 2096 = School Psychology  
 2098 = Clinical/Counseling Psychology

Degree Seeking students must submit the following:

1. OFFICIAL TRANSCRIPT - from each college attended (sealed by the Registrar)
2. OFFICIAL TEST SCORES (GRE)
3. TWO (2) LETTERS OF RECOMMENDATION (from individuals who can attest to your academic potential)
4. PERSONAL STATEMENT - as an attachment - indicating your interests, career goals, and reasons for seeking admission to Francis Marion University

\* Non-Degree Seeking students must submit Official Transcript(s) and a Personal Statement specifying the course(s) for which admission is being sought and why.

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## BUSINESS ADMINISTRATION

CODES:

(check one)

- 1220 = Master of Business Administration  
 1221 = MBA - Health Management Concentration  
 1229 = Pre-MBA

Degree Seeking students must submit the following:

1. OFFICIAL TRANSCRIPT - from each college attended (sealed by the Registrar)
2. OFFICIAL TEST SCORES (GMAT)
3. TWO (2) LETTERS OF RECOMMENDATION (from individuals who can attest to your academic potential)
4. PERSONAL STATEMENT - as an attachment - indicating your interests, career goals, and reasons for seeking admission to Francis Marion University

# 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. Substantiating documentation is required to affirm residence status. Additional information may be requested if further clarification is needed.

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

Is South Carolina your permanent state of residence? \_\_\_\_ Yes \_\_\_\_ No

What is your citizenship status? \_\_\_\_ US citizen \_\_\_\_ Permanent Resident (attach copy of Green Card) \_\_\_\_ Foreign Citizen\*

Country of Citizenship \_\_\_\_\_ \* Visa Type \_\_\_\_\_

How long have you resided in South Carolina? Years \_\_\_\_\_ Months \_\_\_\_\_ State of previous residency \_\_\_\_\_

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

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

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

Address	City/State	Dates
_____	_____	_____
_____	_____	_____

Who claims you for income tax purposes? Name \_\_\_\_\_ Relationship \_\_\_\_\_

Upon whom are you basing your claim for residency?  Self  Other (please specify) \_\_\_\_\_

List all addresses where this person has lived more than 30 days during the past 48 months. Begin with the most current address.

Address	City/State	Dates
_____	_____	_____
_____	_____	_____

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

Employer name \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

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

Are you registered to vote? \_\_\_\_ Yes \_\_\_\_ No If yes, what state: \_\_\_\_\_

Are you licensed to drive? \_\_\_\_ 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: \_\_\_\_\_

*I hereby certify that the information I have provided is accurate and that I am making this application in good faith.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

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*I certify that the information provided in this application is complete and accurate to the best of my knowledge. I realize that withholding information or providing false information to the university could result in my being dismissed from Francis Marion University.*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

**Mail Application to:**

Francis Marion University, Graduate Office  
P.O. Box 100547, Florence, SC 29501-0547

*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 _____ APPLFEE _____