



Return to **School Psychology CPD**
~~PROJECT DIRECTOR~~ **Winthrop University**
 135 Kinard Hall
 Rock Hill, SC 29733
 FAX 803.323.2371

APPLICATION FOR NON-DEGREE GRADUATE ADMISSION [OFF-CAMPUS/SPECIAL COURSES]

PLEASE PRINT OR TYPE *Incomplete applications will not be processed.*

TERM APPLYING: FALL 20 _____ Gender: _____
 SPRING 20 16 _____ MALE _____ Social Security or Winthrop ID _____ Birth Date _____
 SUMMER 20 _____ FEMALE _____

Name—Last _____ First _____ Middle _____ Second Middle (If Applicable) _____

Name on previous academic records, if different _____ Email Address _____

Permanent Mailing Address – Street/P.O. Box _____ City _____ State _____ Zip _____ Phone _____ (_____) _____

Ethnicity (for U.S. citizens only)
How would you describe yourself? (Note: This information is optional and requested for federal and state reporting purposes. All applicants are considered without reference to sex, creed, or race.) Please circle the appropriate categories

1. Are you Hispanic or Latino? Yes No
 2. What is your race? Regardless of your answer to the previous question, please indicate what you consider yourself to be:

American Indian/ Alaskan Native Black/African American White Asian Native Hawaiian/Pacific Islander

CURRENT EMPLOYER NAME/ADDRESS _____ PHONE _____

South Carolina residents who are age 60 and older and not employed full-time may attend Winthrop University for credit or non-credit purposes on a "tuition-free" basis.

State of Legal Residence _____ County _____ Country of Birth _____

All applicants who claim South Carolina Residency for tuition and fee purposes are required to complete the South Carolina residency form.

Citizenship (Please Check One)

USA
 USA Permanent Resident, Citizen of _____ Alien Registration Number _____

REQUIRED: Provide copy of green card.

Foreign, Citizen of _____

If you are not a U.S. citizen or immigrant, what is your current visa classification? _____

Please attach a copy of your current visa.

Are you certified by the State Department of Education? Yes No Certificate/License # _____

Highest/Terminal Degree Earned _____ Date _____

Name of College or University Attended _____ Date _____

I certify that the information contained in this application is complete and accurate without evasion or misrepresentation. I understand that acceptance by the University is based on truth and accuracy of representation as contained in this application. I agree that as long as I am a student at Winthrop University, I will comply with all the regulations of the Student Government Association, the academic division, and the university. **Admission as a graduate non-degree student does not guarantee subsequent admission into a graduate degree program.** Students classified as graduate non-degree who later elect to pursue a degree program must have their credentials evaluated for admission to the program they wish to pursue.

ORIGINAL SIGNATURE OF APPLICANT REQUIRED _____ DATE _____

List the course(s) that you wish to take and attach a check for tuition if appropriate. Courses numbered 500-600 are for graduate credit.

	Call Number	Course Suffix & Number	Title	Hours	Dates	Cost*
1.	24593	PSYC 670	School-based Prevention	1	03/11/2016	\$190.00

*CPD cost = \$95 tuition + \$95 fee { If you are 60 yrs or over, retired and taking course for credit, you must pay the \$95 fee }

2. _____

Revised September 2014

You may pay for CPD courses two ways: by check [NO PURCHASE ORDERS] or online (American Express, Discover or Mastercard only) at: www.winthrop.edu/cashiers (select "Pay Over Internet"). If you are paying by credit card check here _____
 Regardless of how the course is paid for, this completed, signed application must be returned to the address indicated in the top right corner on this form.