CLAFLIN UNIVERSITY

APPLICATION FOR ADMISSION

PLEASE PRINT IN INK OR TYPE

Date you wish to enter: ☐ **Fall** _____ ☐ **Spring** _____ ☐ **Summer** _____

GENERAL INSTRUCTIONS:

- **Complete and return this application along with a non-refundable application fee of $20.00. A cashier's check or money order will be accepted. Personal checks are not accepted. Please do not send cash through the mail.**
- **APPLICATION DEADLINES: August 1st for the fall semester – December 1st for the spring semester - May 1st for the summer session. EARLY DECISION (must submit completed application by January 15).**
- **FORWARD COMPLETED APPLICATION and all required documents to: Claflin University, Office of Admissions, 400 Magnolia Street, NE, Orangeburg, SC 29115**
- **FRESHMAN: After completing the application, please give to your counselor who will furnish your high school transcript, including courses currently enrolled in, GPA, rank-in-class, and SAT or ACT score.**
- **TRANSFER: If you have earned less than 30 semester hours of college credit, submit an official copy of your high school transcript, GPA, rank-in-class, and SAT or ACT score. Submit a complete official transcript from each college/university attended. Please send a cashier's check or money order of $15.00 for each transcript to be evaluated.**

SPECIAL (not pursuing a degree): Submit official copy of high school transcript or college transcript.

ADMISSION STATUS: ☐ **FRESHMAN** ☐ **TRANSFER** ☐ **SPECIAL**

Name_____ **Social Security No.** _____
Last **First** **Middle**

Home Address (permanent mailing address)_____

_____ **Telephone No. (**_____**)**_____
City **State** **Zip** **Area Code**

☐ **Male** ☐ **Female**

County_____ **Religious Affiliation (denomination)**_____

What is your intended field of study? _____ **Do you plan to attend:** _____ **full time** _____ **part time**
List major

FAMILY HISTORY

FATHER	**MOTHER**
Name:_____	**Name:**_____
☐ **Living** ☐ **Deceased or** ☐ **Guardian**	☐ **Living** ☐ **Deceased or** ☐ **Guardian**
Highest level of Education (circle) **Education: 1 2 3 4 6 7 8 9 10 11 12 13 14 15 16 17+**	**Highest level of Education (circle)** **Education: 1 2 3 4 6 7 8 9 10 11 12 13 14 15 16 17+**
Alumnus: ☐**Yes** ☐**No** **Work No.**	**Alumnus:** ☐**Yes** ☐**No** **Work No.**

EMERGENCY CONTACT NAME	**Telephone No.**	**Relationship to Applicant**

If your parents are divorced or separated, with whom do you live? ☐ **Father** ☐ **Mother**

Please indicate below those organizations in which you have participated and/or won particular honors or recognition. (Student Government, Clubs, Choir, Band, Athletics, etc.)

_____

_____

_____

School Data: ***List all schools and colleges you have attended, in chronological order beginning with the present school.***

Dates of Attendance From – to	Name and Location of School	Diploma, Degree or Type of Discharge

College Entrance Examinations (SAT/ACT)

	Verbal	Math	Total	Date Taken		Composite Score	Date Taken
SAT					ACT		
SAT					ACT		

If you are a freshman applicant, list any courses you have taken or are taking at a college.

Course	College/University	Grade Received	Dates Attended

Do you want to be considered for a competitive academic scholarship? ☐ **Yes (must apply by January 15)** ☐ **No**

Would you like your application/documents forwarded to the Claflin Honors College for nomination? ☐ **Yes** ☐ **No**

Do you plan to live on campus? ☐ **Yes** ☐ **No**

Please answer all of the following questions:

a. Have you ever been convicted of a criminal offense? ☐ **Yes** ☐ **No**

b. Have you ever been placed on probation, suspended or expelled from any educational institution? ☐ **Yes** ☐ **No**

c. Has there been any gap in your educational experience longer than a summer? ☐ **Yes** ☐ **No**

d If the answer to any of the above questions is yes, please explain on a separate sheet. ☐ **Yes** ☐ **No**

If you are not a U.S. citizen, state the type of visa you hold. _____

If English is not your primary language, please specify your first language. _____

Please state in your own handwriting your reasons for applying to Claflin University and your future plans.

The undersigned agrees that the information furnished on this application is complete and correct, and that any deliberate omission or falsification of information may result in denial of admission or dismissal.

Signature of Applicant_____ **Date**_____

Parents' or Guardians' Signature (if applicant is a dependent)

Father/Guardian_____ **Date**_____

Mother/Guardian_____ **Date**_____

Claflin University's policy on nondiscrimination on the basis of race, color, religion, national origin, sex, handicap, and age is in conformity with applicable federal laws and regulations.

FOR OFFICE USE ONLY **CEEB** **HS-T** **E-FEE** **C-TR** **AP-FEE** **AP-R** **MED-R**