



SCHOOL OF GRADUATE STUDIES
 CAMPUS PO BOX 7098
 300 COLLEGE STREET, NORTHEAST
 ORANGEBURG, SC 29117-0001 + (803) 536-7064
 FAX: (803) 536-8812

APPLICATION FOR ADMISSION FOR RENEWAL OF CERTIFICATION OR ADD-ON CERTIFICATION

NOTE: Approval of this application admits students for one academic term only

Admission Criteria: Credentials for admission to the School of Graduate Studies as a nondegree student for the purpose of renewal of a teaching certificate or to add-on a certification area are: (1) Completion of an Application for Certification Renewal or Add-On Certification; (2) \$25.00 nonrefundable application fee; (3) Copy of Current Educator Certificate; and (4) Proof and Oath of Residency for Tuition Purposes.

I wish to enroll in: Spring 20____ Summer 20____ Fall 20____

Name: _____
 Last First Middle/Maiden Social Security Number

Date of Birth _____ Marital Status: __Single __Married __Widowed __Divorced Sex: __Male __Female

Previous Full Name, if applicable: _____

Home Phone: () _____ Work Phone: () _____

Mailing Address: _____
 Street or PO Box Number City County State Zip Code

Email Address: _____

The following information is required by the U. S. Department of Education in compliance with Title VI of the 1964 Civil Rights Act. Please Check the appropriate category: __Black(Non-Hispanic) __Americna Indian/Alaskan __Asian/Pacific Islander __Internaltional(Non-Resident Alien) __White(Non-Hispanic) __Other _____

| List Course Prefix and Title in Which You Expect to Register This Term: | Enrollment Objective |
|---|--|
| 1. _____ | Certificate Renewal |
| 2. _____ | Add-On Certification |
| 3. _____ | Alternate Initial Certification (PACE) |

| List Degrees Earned | Name of Institution | City and State | Year Degree Earned |
|---------------------|---------------------|----------------|--------------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |

Are you a certified Educator? ____Yes ____No In which state?_____ Certificate No:_____ (Copy Required)

If you have ever been admitted to the School of Graduate Studies at SCSU, but did not earn a degree, what was the last semester and year of your attendance? (Circle) Fall Spring Summer (Year)_____ Total hours earned:_____

I certify that all information given by me above is true to the best of my knowledge. I understand that the University Catalog and other official University publications constitute my contract with South Carolina State University and that any delay or failures in meeting course and/or certification requirements caused by my failure to comply therewith are my personal responsibility. The submission of fraudulent records constitutes grounds for denial of admission or dismissal from the University. I understand that to enter a graduate/advanced degree program in the future, I must submit an Application for Graduate Admission and meet all admission requirements as stated in the SCSU Graduate Catalog.

Signature of Applicant: _____ Date _____

PLEASE DO NOT WRITE BELOW THIS LINE

_____ Date: _____

Approval: Chair/Director of Graduate Programs in Education

Approval: Dean, School of Graduate Studies _____ Date: _____

Revised 03/24/08

