

APPLICATION FOR ADMISSION AS A SPECIAL STUDENT



DO NOT COMPLETE THIS FORM IF YOU PLAN TO EARN A DEGREE FROM WOFFORD COLLEGE.

_____ Special Student (One who is admitted for a limited number of courses, but is not admitted into a degree program Wofford. Special admission does not automatically constitute approval for admission to a degree program.)

_____ Audit Only (non-credit)

Name _____
Last First Middle Preferred Name

Home Address _____
Street City State Zip

Email Address _____ Cellular Number _____
Area Code/Number

Home Telephone _____ SS# _____ Male _____ Female _____
Area Code/Number

Date of Birth _____ Marital Status _____

Ethnic: White _____ Black _____ Asian _____ Native Amer. _____ Hispanic _____ Other _____

Application for admission in: September _____ January _____ February _____ Summer _____

Religious Denomination Preference _____

Do you anticipate the need for any special assistance of accommodations in moving about the campus or attending to classwork? Yes _____ No _____

Name of High School _____ Date of Graduation _____
City State Zip Diploma/Certificate _____

Name of College _____ Date of Graduation _____
City State Zip Degree/Major _____

Have you ever been dismissed, expelled, suspended or placed on probation at any school or college?
Yes _____ No _____ If yes, please explain on the back of this form. This does not automatically preclude you from consideration.

Is this your first time attending Wofford? Yes _____ No _____

Signature _____ Date _____