



Graduate Readmit Application

Submit the completed form to:
Office of Graduate Studies, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054
843-349-2394 • coastal.edu/graduate

INSTRUCTIONS: Pages 1-3 of this document **MUST** be completed online using the computer keyboard. Then print the entire document, sign and date pages 2 and 3, and mail or bring this application and all required credentials to the Office of Graduate Studies.

1. SOCIAL SECURITY NUMBER _____ 2. DATE OF BIRTH (MM/DD/YY) _____

3. GENDER: ☐ MALE ☐ FEMALE

4. LEGAL NAME: LAST NAME _____ SUFFIX (JR., III, IV) _____
FIRST NAME _____ MIDDLE NAME _____

5. PERMANENT ADDRESS: (P.O. BOX, RFD, STREET) _____
CITY _____ STATE _____ ZIP CODE _____ ZIP+FOUR _____
COUNTY _____

6. TELEPHONES: HOME (_____) _____ CELL (_____) _____
EMAIL ADDRESS _____

7. ETHNIC ORIGIN/ RACE
I AM HISPANIC OR LATINO. ☐ YES ☐ NO
WHAT IS YOUR RACE? Regardless of your answer to the previous question, please check the box indicating the race you consider yourself to be.
☐ American Indian or Alaskan Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian or Pacific Islander ☐ White

8. DO YOU LIVE IN SOUTH CAROLINA?
☐ Yes If Yes, you must complete page 3 of this application. If all questions are not answered completely, you will be considered an OUT-OF-STATE student for Tuition and Fee purposes.
☐ No I should not be considered a South Carolina resident for Tuition and Fee purposes.

9. COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

10. I AM A PERMANENT RESIDENT ALIEN OF THE UNITED STATES ☐ YES ☐ NO
If YES, Alien Registration Number _____ (Include a copy of Green Card.)

11. I AM AN INTERNATIONAL STUDENT. ☐ YES ☐ NO
I AM SEEKING AN F-1 STUDENT VISA. ☐ YES ☐ NO

12. I WILL BEGIN MY STUDIES AT COASTAL CAROLINA UNIVERSITY: (CHECK ONE) YEAR _____
☐ FALL SEMESTER ☐ SPRING SEMESTER ☐ MAY SEMESTER ☐ SUMMER I SESSION ☐ SUMMER II SESSION

13. PLEASE CHECK THE PROGRAM IN WHICH YOU ARE SEEKING READMISSION.
☐ M.ACC. IN ACCOUNTING ☐ M.A. IN LIBERAL STUDIES ☐ M.A.T. IN TEACHING ☐ M.S. IN COASTAL MARINE AND WETLAND STUDIES
☐ M.B.A. IN BUSINESS ADMINISTRATION ☐ M.A. IN WRITING ☐ M.ED. IN EDUCATIONAL LEADERSHIP
☐ GRADUATE CERTIFICATE IN BUSINESS FOUNDATIONS ☐ M.ED. IN LEARNING AND TEACHING ☐ PH.D. IN MARINE SCIENCE
☐ GRADUATE CERTIFICATE IN FRAUD EXAMINATION ☐ ED.S. IN EDUCATIONAL LEADERSHIP
☐ GRADUATE CERTIFICATE IN ONLINE TEACHING AND TRAINING

14. EMERGENCY CONTACT INFORMATION (CHECK RELATIONSHIP TO YOU): ☐ PARENT ☐ SPOUSE ☐ GUARDIAN ☐ OTHER _____
LAST NAME _____ SUFFIX (JR., III, IV) _____
FIRST NAME _____ MIDDLE NAME _____
HOME/PERMANENT ADDRESS (P.O. BOX, RFD, STREET) _____
CITY _____ STATE _____ ZIP CODE _____ ZIP +FOUR _____
TELEPHONES: HOME (_____) _____ WORK (_____) _____ CELL (_____) _____

15. I PREVIOUSLY ATTENDED COASTAL CAROLINA UNIVERSITY. ☐ YES ☐ NO YEAR AND SEMESTER _____

16. I CONFIRM THAT I HAVE NEITHER ENROLLED IN NOR ATTENDED ANY COLLEGE OR UNIVERSITY SINCE MY LAST ENROLLMENT AT COASTAL CAROLINA UNIVERSITY. ☐ YES ☐ NO

17. COMMUNITY STANDARDS

Effective June 1, 2009, all applicants are required to submit complete responses to a series of community standards questions on the application for admission. Responses to these questions are initially reviewed by the Office of Graduate Studies. Some cases are then referred to the Community Standards Committee for review.

An applicant must satisfy the Community Standards portion of the admission application prior to the review of the documentation (transcripts, test scores, letters of recommendation, etc.). This review process supports the University's goal of maintaining a safe learning community. Failure to submit complete responses or the falsification of responses will result in the revocation of the admission decision or the dismissal of the student after enrollment. It is the responsibility of the applicant/student to notify the Office of Graduate Studies of changes to the questions on Community Standards. Disclosure is a continuous obligation of the applicant/student. Failure to do so shall result in immediate and permanent dismissal. In addition, Coastal Carolina University will not permit Registered Sex Offenders to enroll in classes or to participate in campus activities. The failure to disclose registration shall result in immediate expulsion and revocation of any privileges as a student. For the purpose of the following questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or infraction. You must, however, include alcohol or drug offenses whether or not they are traffic-related.

If you answer "Yes" to any question below, you are required to provide your own written explanation of the event(s), and a statement from your legal representative summarizing the event(s) and the final disposition of your case. If you are/were not represented by legal counsel in connection with the event(s), in addition to your own written explanation, you must provide court records summarizing the event(s) and the final disposition of your case. Print your full name at the top of each page, and date and sign each page. All documentation must be delivered to the Office of Graduate Studies.

1. ☐ YES ☐ NO Have you been convicted of a crime as an adult or juvenile?
2. ☐ YES ☐ NO Have you entered a plea of guilty, a plea of no contest, a plea of "nolo contendere," an Alford plea, a plea of delinquency in juvenile court, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?
3. ☐ YES ☐ NO Have you otherwise accepted responsibility for the commission of a crime or entered a pre-trial/diversion program?
4. ☐ YES ☐ NO Do you have any criminal charges pending against you?
5. ☐ YES ☐ NO Have you ever been suspended (out-of-school), expelled, or placed on disciplinary probation by any college or university? This may include, but is not limited to, academic cheating, conduct violations, or alcohol policy infractions. If you answer "Yes," you are required to attach a statement from an appropriate school official corroborating your summary of the event in addition to your own explanation of the event.
6. ☐ YES ☐ NO If you have ever served in the military, did you receive any type of discharge other than an honorable discharge?
If you have not served in the military, respond "No."

Written statement (required for all "Yes" responses). Attach an additional sheet of paper if necessary.

18. APPLICATION AGREEMENT

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omission or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to Coastal Carolina University until I have submitted all credentials. I agree to inform the Office of Graduate Studies, in writing, of any change in my plans to attend the University and any change to my responses to questions on this application. I understand that if I discontinue my enrollment in a major term at Coastal Carolina University at any time, I must submit a new application by the appropriate deadline. I also understand that the provision of my Social Security number and ethnicity/ racial origin are not required to be considered for admission to the University.

My signature below is my promise that, should I enroll at Coastal Carolina University, I will abide by all rules and policies of the **Code of Student Conduct and Academic Responsibilities as outlined in the University's Student Handbook. A copy of the Handbook can be found at www.coastal.edu/deanofstudents/**. Failure to truthfully disclose information may subject me to immediate expulsion.

Print name _____

Signature _____ Date _____

COASTAL CAROLINA UNIVERSITY RESIDENCY INFORMATION

Applicants who claim South Carolina residence for tuition and fee purposes must complete this form in its entirety. Additional information may be requested per SC Law 59-112. South Carolina residency requirements may be found online at che.sc.gov.

Student Information

Name of Student _____ Telephone (_____) _____

Social Security number *or* CCU ID _____ Email _____

Date of birth _____ State and country of birth _____

OPTION A: DEPENDENT STUDENT

A dependent student is defined as one who will receive more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment from a parent, guardian or spouse and will be claimed as a dependent or exemption on that individual's income tax returns.

With whom do you reside? ☐ Self ☐ Both parents
☐ Father ☐ Mother ☐ Other _____

Who claims you for federal income tax purposes? ☐ Self
☐ Both parents ☐ Father ☐ Mother ☐ Other _____

Parents marital status: ☐ Single/never married ☐ Married
☐ Divorced/separated ☐ Widowed ☐ Re-married

If parents are divorced or separated, who is the custodial parent?
☐ Not applicable ☐ Father ☐ Mother ☐ Shared custody

Dependent students are required to enter parent, guardian or spouse information below.

Who provides the majority of your financial support?

Name _____
First Last Relationship

Citizenship:
☐ U.S. citizen ☐ Permanent Resident ☐ Not a U.S. Citizen or Permanent Resident

Length of time as SC resident: Years _____ Months _____

Address: Street _____

City, State, Zip _____

Driver's License: State _____ Date Issued _____
☐ New ☐ Renewed Expiration date _____

Vehicle Registration: State _____ Date Issued _____
☐ New ☐ Renewed Date of purchase (MM/YYYY) _____

If you have relocated to SC, what was your previous state of residence? _____

Employment Status: ☐ Full-time ☐ Part-time
☐ Unemployed ☐ Retired ☐ Disabled

Employer's name _____

Employer's address _____

Employer's telephone (_____) _____

Dates of employment: From _____ to _____

If your claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of current orders to the Office of Admissions.

Person on active duty in service: ☐ Parent/Guardian ☐ Spouse
Branch of Service: ☐ USAF ☐ USA ☐ USN ☐ USMC ☐ USCG

OPTION B: INDEPENDENT STUDENT

Independent students are required to enter personal information below. An independent student is defined as one who will provide more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment and will NOT be claimed as a dependent or exemption on the income tax return of a parent, guardian or spouse.

YOUR INFORMATION

Name _____
First Last Age

Citizenship:
☐ U.S. citizen ☐ Permanent Resident ☐ Not a U.S. Citizen or Permanent Resident

Length of time as S.C. resident: Years _____ Months _____

Address: Street _____

City, State, Zip _____

Your marital status: ☐ Single/never married ☐ Married
☐ Divorced/separated ☐ Widowed ☐ Re-married

Current Residence: ☐ Rent/lease ☐ Own ☐ With Parents
☐ Campus residence

Driver's License: State _____ Date Issued _____
☐ New ☐ Renewed Expiration date _____

Vehicle Registration: State _____ Date Issued _____
☐ New ☐ Renewed Date of purchase (MM/YYYY) _____

If you have relocated to S.C., what was your previous state of residence? _____

Employment Status: ☐ Full-time ☐ Part-time
☐ Unemployed ☐ Retired ☐ Disabled

Employer's name _____

Employer's address _____

Employer's telephone (_____) _____

Dates of employment: From _____ to _____

If your claim to South Carolina resident status is based upon active military assignment to the state, please submit a copy of your current orders to the Office of Admissions.

Branch of Service: ☐ USAF ☐ USA ☐ USN ☐ USMC ☐ USCG

Home of record _____

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to the disqualification of my application for admission to Coastal Carolina University.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____
(If applicant is under 18 years of age)