



Application for Admission USC Upstate Teacher Cadets

800 University Way, Spartanburg, SC 29303
864-503-5246 • 1-800-277-8727 • (fax) 864-503-5727
admissions@uscupstate.edu • www.uscupstate.edu

Please type or print clearly in ink and complete all applicable sections.

Social Security Number: _____ - _____ - _____

Legal Last name _____ Legal First Name _____ Middle Name _____ Suffix _____

Other names under which we may receive your records _____ E-Mail Address _____

Permanent Mailing Address _____ City _____ State _____ Zip _____ County _____

Permanent Telephone: (____) _____ Daytime or Mobile Telephone: (____) _____

Applicant Birthdate: _____, _____ Sex: Male Female

CITIZENSHIP: U.S. Citizen Foreign, Citizen of _____ U.S. Perm. Resident*
Country Visa Status *Send a copy of resident alien card (both sides)

The University of South Carolina is required to collect information on the ethnic and racial composition of its student body and report this information to the U.S. Department of Education.

Do you consider yourself to be either Hispanic, Latino or of Spanish origin? Yes No

Please select one or more of the following groups with which you identify:

American Indian or Alaskan Native Asian White Black or African American Native Hawaiian or Other Pacific Islander

Name of High School: _____

South Carolina residents MUST complete the following information.

Note: No person is eligible for in-state status unless he/she is domiciled within South Carolina. A person does not acquire a domicile in South Carolina until he/she has been a legal resident of the state for twelve consecutive months immediately preceding registration for the term for which in-state status is claimed or meets state requirements for domicile. Information on South Carolina residency requirements may be obtained by contacting the Office of Admissions at 864-503-5246 or 1-800-277-8727.

Upon whom are you financially dependent? Self Parent or other _____
(List name and relationship)

How long have you lived in South Carolina? Year(s): _____ Month(s): _____

Have you, or the person upon whom you are dependent, been employed within the past 12 months? Yes No

If no, please explain source(s) of support. If yes, complete employer information below:

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Employer _____ City/State _____ Dates _____ Full Time/Part Time _____ Telephone _____

If you moved to South Carolina within the past two years, what prompted the move? _____

Name of person to notify in case of an emergency: _____

Address: _____
City _____ State _____ Zip _____

(____) _____
Telephone Number _____ Relationship _____

I certify that all information provided in this application is complete and correct, and I understand that withholding or falsifying information on this application is cause for immediate cancellation of registration at the University of South Carolina Upstate. I further understand that the University may find it necessary to request additional information from my previous colleges or schools, and I grant permission to my previous schools to release this information to the University of South Carolina Upstate.

Student's Signature: _____ Date: _____