

This application is to be used by undergraduate students wishing to attend Clemson University as transient students during summer sessions. Both the application and the college approval statement must be completed. **DO NOT USE THIS FORM** if you are a former student, current student, graduate student, or a student planning to attend Clemson during fall 2008.

Name: \_\_\_\_\_  
Last First Middle

Social Security Number (required): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Home Telephone (area code/number): \_\_\_\_\_ E-mail Address (if available): \_\_\_\_\_

Gender:  Male  Female Race/Ethnicity: \_\_\_\_\_  
(optional) 2 - Black, Non-Hispanic 5 - Hispanic/Latino  
3 - American Indian/Alaskan Native 6 - White, Non-Hispanic  
4 - Asian or Pacific Islander 7 - Other American Ethnic Minority

Current Mailing Address: \_\_\_\_\_  
Street City State Zip County

Permanent address if different from above: \_\_\_\_\_  
Street City State Zip County

I am a legal resident and domiciliary of South Carolina.  Yes  No

I have lived continuously in South Carolina since \_\_\_\_\_.

Name, address, and relationship of major provider (above 50%) of your financial support:

Name: \_\_\_\_\_

Relationship:  Parent  Spouse  Legal Guardian  Other (Identify Relationship)

Address: \_\_\_\_\_

*Note: If the status of an applicant is such that South Carolina residence and domicile are not clearly apparent, a residence claim will require substantiation. Forms and information are available at [www.virtual.clemson.edu/groups/finaid/ResClass/](http://www.virtual.clemson.edu/groups/finaid/ResClass/).*

Are you an international student?  Yes  No

If yes, attach a copy of your Departure Record (INS Form I-94) and a copy of your Certificate of Eligibility (either INS Form I-20 or Form DS-2019).

Are you a high school graduate?  Yes  No

Have you previously attended Clemson?  Yes (dates): \_\_\_\_\_  No

Do you plan to continue at Clemson for the 2008 fall semester?  Yes  No

Mark all summer sessions you plan to attend:  Maymester  First  Second

I am attaching the College Approval Statement to this application.

I am sending the College Approval Statement under separate cover.

Signature of Applicant

Date

Mail to: Clemson University  
 Registrar's Office  
 102 Sikes Hall  
 Box 345125  
 Clemson, SC 29634-5125



| FOR OFFICE USE ONLY |       |       |
|---------------------|-------|-------|
| A/R                 | A/C   | E/R   |
| RES                 | _____ | _____ |
| SUMMARY             | _____ | _____ |
|                     | _____ | _____ |

Please complete this form and have the registrar or dean at your present college sign it. Return the form prior to April 11 (Maymester), April 18 (first summer session), or June 2 (second summer session). If your college has a special form, you may use it. If you apply early and are accepted, you will be mailed information on registration and payment. Late applicants must sign up for classes and pay at late enrollment. (See important summer dates on the Web at [www.registrar.clemson.edu/pdf/timeline.pdf](http://www.registrar.clemson.edu/pdf/timeline.pdf).)

If you plan to enroll during the fall or spring semester, you must follow procedures for transfer students and apply through the Admissions Office at [www.clemson.edu/admission](http://www.clemson.edu/admission) (864-656-2287).

*Last Name*

*First Name*

*Middle Name*

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List course(s):

| Session<br><i>(Indicate Maymester, First, or Second)</i> | Course and Number | Credits | Section Number |
|--|-------------------|---------|----------------|
|  |                   |         |                |
|  |                   |         |                |
|  |                   |         |                |
|  |                   |         |                |

**CERTIFICATION OF APPROVAL  
TO BE COMPLETED BY COLLEGE OFFICIAL**

The above named student is in good standing and eligible to return to this institution. He/she has permission to enroll in the course(s) listed above.

College: \_\_\_\_\_

This institution is located in (state) \_\_\_\_\_.

Relative to the state above, this student is classified as a  Resident  Nonresident.

*Signature and Title of College Official*

*Date*

Mail to: Clemson University  
Registrar's Office  
102 Sikes Hall  
Box 345125  
Clemson, SC 29634-5125

Fax: 864-656-2546 (If faxed, mail original to address above.)

