

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 2010.

Name: _____
Last First Middle

Social Security Number (required): _____ - _____ - _____ Birth Date: _____/_____/_____
Month Day Year

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

Gender: Male Female

Race/Ethnicity:
 Are you Hispanic or Latino? Please mark one: Yes No
 What is your race? Regardless of your answer to the above question, please mark one or more races to indicate what you consider yourself to be.
 White Black or African American Asian
 American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Current Mailing Address: _____
Street City State Zip County

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

Are you a legal resident and domiciliary of South Carolina? Yes No

You have lived continuously in South Carolina since (indicate date) _____.

Name, relationship, and address of major provider (more than 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/.

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 2010 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 10 (for Maymester), April 17 (for first summer session), or May 1 (for 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 about registration and payment. Late applicants must sign up for classes and pay at late enrollment. (See important summer dates at 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 Undergraduate Admissions Office at www.clemson.edu/admission (864-656-2287).

Last Name

First Name

Middle Name

Social Security Number: ____ - ____ - ____

List course(s):

Session <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.)