

Application for Admission



Submit To: Office of Enrollment Management
Clinton Junior College
1029 Crawford Rd
Rock Hill, SC 29730

Office: 803-327-7402
Fax: 803-327-3261
www.clintonjuniorcollege.edu

Office use only: Date Application Received: _____
Application Fee/Waiver: _____

This Application should be returned with a nonrefundable \$25 application fee, unless you are applying for re-admission. Please answer or complete every item in each section to avoid a processing delay. Print legibly or type this application.

SECTION I PERSONAL RECORD

Name _____ Social Security # _____
(Last) (First) (Middle)
Permanent Mailing Address _____
(Street) (City) (State) (Zip) (County)
Telephone (H) _____ (W) _____ Date of Birth _____ Sex _____
E-Mail Address _____ Marital Status _____
Country of Citizenship _____

Parent / Guardian / Spouse: Name _____
(Last) (First)
Address _____
(Street) (City) (State) (Zip)
Telephone (H) _____ (W) _____

SECTION II PERSONAL RECORD

Denomination _____ Home Church _____ City _____ State _____

SECTION III GENERAL INFORMATION

How did you first learn about Clinton Junior College? _____

Is anyone in your immediate family a current student or graduate of CJC?

Name _____ Relationship _____ Year of Graduation _____

SECTION IV ENROLLMENT INFORMATION

Have you ever applied to CJC, but never attended? _____ Yes _____ No

I will be primarily a: _____ Day Student _____ Evening Student

I will attend: _____ Full Time (12 hours) _____ Part Time (less than 12 hours)

I am applying to begin: Year: _____ Fall _____ Spring

I am applying as a: _____ First Time Freshman _____ Transfer _____ Non-degree Student _____ GED

I will be a: _____ Resident Student _____ Commuting Student

Anticipated major: _____ Associate Liberal Arts _____ Associate Business _____ GED Studies

SECTION V HIGH SCHOOL RECORD

Name of your high school _____

_____ Date of high school graduation _____
(city) (state) (zip)

Did (will) you receive: _____ Diploma _____ GED _____ Other

Have you taken the SAT or ACT (not required for admission to the College) _____ Yes _____ No

If yes, indicate scores: SAT Verbal _____ Math _____ ACT Composite _____

SECTION VI COLLEGE RECORD

List all colleges attended or currently attending, beginning with the most recent:

College/University City/State Dates Attended Degree Received

Academic standing at the most recent institution attended: _____ Good _____ Probation _____ Suspension

If you check probation or suspension, briefly state the circumstance:

Are you classified as eligible to return at all institutions attended? _____ Yes _____ No

If not, check any of the problem categories that exist: _____ Academic _____ Financial _____ Disciplinary

SECTION VII STUDENT STATEMENT IMPORTANT

Please read the following statements and certify by signing below and accept the statement as being your own.

I understand that if I become a student at Clinton Junior College, I will be responsible for all financial obligations that I incur. I also understand that withholding any information requested in the application or giving false information gives Clinton Junior College the right to declare me ineligible for admission. By signing below, I certify the above statements are true and that this application is complete and accurate.

Signature _____ Date _____

Don't forget to enclose your \$25 nonrefundable application fee.