



THE GRADUATE SCHOOL

of the COLLEGE OF CHARLESTON

Randolph Hall, Suite 310 • 66 George Street • Charleston, South Carolina 29424-0001 • Phone: 843/953-5614 • Fax: 843/953-1434 • E-Mail: gradsch@cofc.edu

APPLICATION FOR ADMISSION TO GRADUATE STUDIES

A non-refundable application fee of \$45 must accompany this application.

If you are a Bilingual Interpreting applicant, a non-refundable application fee of \$150 must accompany this application.

I. PERSONAL DATA

SSN _____ ~ _____ ~ _____ E-Mail Address _____

Name _____
Last First Middle

Previous Name _____
Last First Middle

Current Address _____ Permanent Address _____
(Number/Street/Apt. No.) (Number/Street/Apt. No.)

(City/State/Zip Code) (City/State/Zip Code)

Preferred Telephone No. (_____) _____ ~ _____ Permanent Telephone No. (_____) _____ ~ _____

How did you first learn about The Graduate School? _____

II. STATISTICAL INFORMATION

This information is needed for federal reporting purposes only. The Graduate School of the College of Charleston does not discriminate on the basis of age, race, gender, national origin, disability, or other legally protected classification.

Date of Birth: _____ Gender: ___ Female ___ Male
Month Day Year

Self-Description:

- ___ American Indian or Alaskan Native
- ___ Asian
- ___ Black, not of Hispanic Origin
- ___ Other Hispanic American
- ___ Cuban American
- ___ Mexican American
- ___ Puerto Rican living in Mainland US
- ___ Puerto Rican living in Puerto Rico
- ___ Pacific Islander or Native Hawaiian
- ___ White, not of Hispanic Origin
- ___ Other _____

INDICATE CITIZENSHIP

Are you a citizen of the United States? ___ Yes ___ No
If No: Country of Citizenship: _____
Visa Type: _____ Expiration Date: _____

III. STATISTICAL INFORMATION

INDICATE RESIDENCY STATUS

No person is eligible for in-state status unless she/he is domiciled within South Carolina. A person does not acquire a domicile in South Carolina until she/he has been a 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 Legal Residency Office at (843) 953-7311/(843) 953-7312 or online at legalresidency.cofc.edu.

Upon whom are you financially dependent? ___ Self ___ Parent ___ Other _____

Are you claiming South Carolina as your state of residence for tuition purposes? ___ Yes ___ No

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

What is your county of residence in South Carolina? _____

Have you, or the person upon whom you are dependent, been employed in South Carolina within the past 12 months?

___ Yes ___ No If yes, complete employer information below.

Employer _____ City/State _____ Dates _____ Full Time or Part Time _____ Telephone No. _____

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

___ Education ___ Employment ___ Other: _____

IV. DEGREE STATUS

INDICATE DEGREE PROGRAM IN EDUCATION

M.Ed. (Master of Education)
 Languages
 Science and Math

MAT (Master of Arts in Teaching)
 Early Childhood Education
 Elementary Education
 Special Education
 Emotionally Disabled
 Learning Disabled
 Mentally Disabled

INDICATE DEGREE PROGRAM IN HUMANITIES & SCIENCES

MA (Master of Arts)
 Bilingual Legal Interpreting (*beginning Fall 07*)
Bilingual Interpreting Applicants must complete the questionnaire on page 4 of this application
 Communication
 English
 History

MS (Master of Science)
 Accountancy
 Computer & Information Sciences
 Environmental Studies
 Marine Biology
 Mathematics

INDICATE DEGREE PROGRAM IN PUBLIC ADMINISTRATION

MPA (Master of Public Administration)

V. NON-DEGREE STATUS

INDICATE NON-DEGREE PROGRAM

<input type="checkbox"/> Accountancy	<input type="checkbox"/> English	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Communication	<input type="checkbox"/> Environmental Studies	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Computer & Information Sciences	<input type="checkbox"/> History	<input type="checkbox"/> Visiting Student
<input type="checkbox"/> Education (A valid teaching certificate is required)	<input type="checkbox"/> Marine Biology	

VI. CERTIFICATE PROGRAMS

INDICATE CERTIFICATE PROGRAM

Bilingual Medical & Health Care Interpreting **Bilingual Interpreting Applicants must complete the questionnaire on page 4 of this application**
 English to Speakers of Other Languages (ESOL)
 Certificate I (Initial)
 Certificate II (Advanced)
 Mathematical Statistics
 Organizational and Corporate Communication

VII. TERM OF ENTRY

INDICATE YEAR & FIRST TERM IN WHICH YOU WISH TO ENROLL IN COURSES

Year: _____

Term: Spring Maymester May Evening Summer I Day Summer II Day Summer Evening Fall

(Circle One)

VIII. PREVIOUS EDUCATION

Official transcript(s), with degree(s) posted, from all previously attended institutions of higher education and must be sent directly from the institution to the Graduate School Office.

Name of Institution	Address (city/state)	Entry	Exit	Degree Received	GPA

IX. TESTING INFORMATION

INDICATE GRADUATE ENTRANCE EXAMINATIONS COMPLETED

Applicants must ensure that the Graduate School Office receives official scores directly from the Testing Agency. Examinations must have been taken within the last five (5) years.

Examination	Test Date	Score		
Graduate Management Admission Test (GMAT)		Total:	Verbal:	Quantitative:
Graduate Record Examination (GRE)		Verbal:	Quantitative:	Analytical:
GRE Subject Test		Subject:	Score:	
Miller Analogies Test (MAT)		Total:	Percentile:	
Test of English as a Foreign Language (TOEFL)		Total:		

X. REFERENCES

INDICATE REFERENCES

Please list as references those who are qualified to address your previous academic and/or professional experiences and can attest to your potential for graduate studies. All recommendations must be completed on the recommendation forms provided and letters of reference must be printed on organization letterhead.

Name	Title	Address

I hereby certify that the information I have provided is accurate and that I am completing this application in good faith. I understand that misrepresentation of facts will be viewed by The Graduate School as justification for revoking an acceptance or withdrawing an application from consideration.

Signature

Date

The Graduate School of the College of Charleston provides equal opportunity and affirmative action in education and employment for qualified persons regardless of race, color, sex, religion, national origin, disability, or veteran status. Students with physical disabilities needing accommodations should contact the Office of Disability Services at (843) 953-1431. Students with learning disabilities or attention deficit disorder should contact SNAP Services at (843) 953-1431.

XI. BILINGUAL INTERPRETING QUESTIONNAIRE

All Bilingual Interpreting Applicants must complete this questionnaire. All applicants interested in Bilingual Interpreting must complete a one-page statement indicating their interest in the program.

You are applying for **Legal Interpreting** **Medical & Healthcare Interpreting**

What is your dominant language? _____ English _____ Spanish

How did you acquire your second language? _____

How many years of formal study have you completed in your second language? _____
Where? (List school(s) and location(s) _____

Do you have experience in translation/interpretation? _____ Yes _____ No
If yes, specify where and for how long. _____

Have you worked in any position requiring exclusive use of second language skills? _____ Yes _____ No
If yes, specify where and for how long. _____

Have you worked in any position where you used second language skills? _____ Yes _____ No
If yes, specify where and for how long. _____

Have you lived in a Spanish speaking country? _____ Yes _____ No
If yes, specify where and for how long. _____

Have you worked in a Spanish speaking country? _____ Yes _____ No
If yes, specify where and for how long. _____

What is your present occupation? _____

You may take the General Interpreting Aptitude Examination at the College of Charleston OR at your home state institution.

Do you plan to take the General Interpreting Aptitude Examination at the College of Charleston? _____ **YES** _____ **NO**

If **NO**, state the name, professional affiliation, address, and phone number of the individual in your locality who has agreed to administer this examination:

Name _____ E-Mail Address _____

Professional Affiliation _____ Telephone Number _____
(Area Code/Telephone No.)

Address _____ Work Number _____
(Number/Street/Apt. No.) (Area Code/Telephone No.)

(City, State, Zip Code)

The program director will contact the individual you have named above to confirm his/her agreement to administer your examination. Testing materials will then be sent to your examiner.

I hereby certify that the information I have provided is accurate and that I am completing this application in good faith. I understand That misrepresentation of facts will be viewed by The Graduate School as justification for revoking an acceptance or withdrawing an application from consideration.

Signature of Applicant

Date