

APPLICATION FOR ADMISSION

Complete and return with \$15 non-refundable application fee, transcripts and ACT scores to:

SWOSU - WEATHERFORD
REGISTRAR'S OFFICE
100 CAMPUS DRIVE
WEATHERFORD, OK 73096
580.774.3777
www.swosu.edu

OR

SWOSU - SAYRE
REGISTRAR'S OFFICE
409 EAST MISSISSIPPI
SAYRE, OK 73662
580.928.5533
www.swosu.edu/sayre



APPLY ONLINE: www.swosu.edu

Received

Receipt

Date

PLEASE PRINT OR TYPE.							
NAME: LAST FIRST MIDDLE MAIDEN				SOCIAL SECURITY NUMBER		SWOSU ID# (to be assigned)	
1				2			
TERM YOU EXPECT TO ENROLL		CAMPUS YOU PLAN TO ATTEND		LEVEL YOU PLAN TO ENROLL		WHERE YOU PLAN TO LIVE	
3 <input type="checkbox"/> FALL SEMESTER (YEAR) <input type="checkbox"/> SPRING SEMESTER (YEAR) <input type="checkbox"/> SUMMER SEMESTER (YEAR)		4 <input type="checkbox"/> WEATHERFORD <input type="checkbox"/> SAYRE		5 <input type="checkbox"/> FRESHMAN <input type="checkbox"/> SOPHOMORE <input type="checkbox"/> JUNIOR *Graduates must also complete graduate school application. 4 <input type="checkbox"/> SENIOR 5 <input type="checkbox"/> GRADUATE* 6 <input type="checkbox"/> ADULT ED. ONLY		6 <input type="checkbox"/> RESIDENCE HALL <input type="checkbox"/> COMMUTE <input type="checkbox"/> OFF-CAMPUS	
INTENDED ACADEMIC MAJOR				NAME OF HOMETOWN NEWSPAPER		RELIGIOUS DENOMINATION (OPTIONAL)	
7				8		9	
CURRENT ADDRESS (ALL CORRESPONDENCE PRIOR TO STARTING CLASSES WILL BE MAILED TO THIS ADDRESS. APPLICANTS, ONCE ADMITTED, SHOULD ALSO REGULARLY CHECK THEIR SWOSU EMAIL ACCOUNT.)							
STREET OR PO BOX				CITY		STATE ZIP CODE	
10							
YOUR PERMANENT HOME (OR PARENT'S) ADDRESS (WRITE "SAME" IF APPLICABLE.)							
STREET OR PO BOX				CITY		STATE ZIP CODE	
11							
PHONE NUMBERS							
AREA CODE CURRENT PHONE				AREA CODE PERMANENT HOME PHONE			
12 ()				12 ()			
PARENT OR GUARDIAN INFORMATION							
NAME: LAST FIRST MIDDLE				14 IS APPLICANT'S PARENT, GRANDPARENT OR LEGAL GUARDIAN A SWOSU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
13							
STUDENT INFORMATION							
15 <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		DATE OF BIRTH		BIRTHPLACE			VETERAN?
		MONTH DAY YEAR		CITY STATE		COUNTRY IF NOT USA <input type="checkbox"/> YES <input type="checkbox"/> NO	
		19					
RESIDENCE STATUS							
16 1. ARE YOU A CITIZEN OF THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, LIST COUNTRY OF CITIZENSHIP _____ IF NOT U.S. CITIZEN, DO YOU HAVE "PERMANENT RESIDENT" STATUS IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO REGISTRATION CARD # _____ 2. ARE YOU A RESIDENT OF OKLAHOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT COUNTY _____ IF NOT A RESIDENT OF OKLAHOMA, PLEASE LIST HOME STATE _____							
17 ARE YOU HISPANIC / LATINO? <input type="checkbox"/> YES <input type="checkbox"/> NO (This information is voluntary and is requested for reporting purposes only.)							
PLEASE CHECK ANY OF THE RACES LISTED THAT DESCRIBE YOU. CHECK ALL THAT APPLY. - This information is voluntary and is requested for reporting purposes only.							
18 <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK or AFRICAN AMERICAN <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN or ALASKAN NATIVE --- name of native tribe _____ <input type="checkbox"/> NON-RESIDENT ALIEN <input type="checkbox"/> NATIVE HAWAIIAN or PACIFIC ISLANDER <input type="checkbox"/> UNKNOWN/UNDECLARED Family line of tribe is <input type="checkbox"/> Mother's side <input type="checkbox"/> Father's side <input type="checkbox"/> Both							
TO BE COMPLETED BY ALL FORMER SWOSU STUDENTS (Application fee is not required of former SWOSU students.)							
19 1. WHEN WERE YOU LAST ENROLLED AT SWOSU? SEMESTER (Fall, Spring or Summer) _____ YEAR _____ CAMPUS? <input type="checkbox"/> WEATHERFORD <input type="checkbox"/> SAYRE 2. WHAT WAS YOUR STATUS WHEN LAST ENROLLED AT SWOSU? <input type="checkbox"/> UNDERGRADUATE <input type="checkbox"/> ADULT ED. ONLY 3. IF DIFFERENT FROM THIS APPLICATION, PLEASE GIVE FULL NAME UNDER WHICH YOU PREVIOUSLY ENROLLED _____							

ENROLLMENT INFORMATION

First-Time Entering Freshmen - All entering freshmen must complete the mandatory one-credit hour New Student Orientation program. NSO consists of two mandatory enrollment/advising/education sessions and will extend into the fall semester with 1001 Freshman Orientation. During these sessions, you will meet with an advisor and enroll in the eight-week orientation course. Upon acceptance to SWOSU, you will receive enrollment dates from which you will make your selection.

TRANSFER STUDENTS - Be sure to send current college transcripts. If transferring with fewer than 24 credit hours, a high school transcript and ACT or SAT scores are also required. Upon acceptance to SWOSU, transfer students should contact the Admissions and Recruitment Office at 580.774.3782 to arrange a time to meet with an advisor and to enroll for classes.

Revised 08-08

STUDENT NAME			SOCIAL SECURITY NUMBER	
LAST NAME	FIRST	MIDDLE		

HIGH SCHOOL INFORMATION - To be completed by all applicants.

Students applying directly from high school must submit a high school transcript showing GPA and class rank along with this application. A complete and official copy of your high school transcript showing graduation date must be received before a non-conditional acceptance can be granted. Students who have completed concurrent college enrollment while still in high school should also complete the college information section below and send a copy of their college transcript.

GRADUATION DATE (MO/YR)	NAME OF HIGH SCHOOL	CITY	STATE	High School completed by GED Certificate?
				<input type="checkbox"/> YES

COLLEGE INFORMATION - To be completed by all applicants with previous college hours. This includes courses taken during high school.

Applicants must list all colleges attended and submit official transcripts of all college work attempted; failure to do so may result in dismissal from SWOSU. Transfer students with fewer than 24 hours completed must also provide an official high school transcript along with college transcripts.

Please select the option which best describes you:

☐ Readmission to SWOSU with NO Transfer Credit ☐ Readmission to SWOSU WITH Transfer Credit ☐ Admission to SWOSU as a first-time student with credit

PLEASE LIST IN ORDER OF ATTENDANCE.

NAME OF COLLEGE OR UNIVERSITY	CITY AND STATE	START (MO/YR)	END (MO/YR)	DEGREE & DATE RECEIVED (IF APPLICABLE)	LEVEL OF ENROLLMENT
					<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
					<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
					<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
					<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
					<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate

IF EVER CONVICTED OF A FELONY OR SUSPENDED FROM ANY COLLEGE OR UNIVERSITY, CHECK HERE AND ATTACH A FULL EXPLANATION.

TO BE COMPLETED BY ALL APPLICANTS

SIGN HERE I authorize, by my signature below, any high school, college or university I have attended to furnish such enrollment and grade information as may be requested by SWOSU. I understand that withholding information requested in the application or giving false information may make me ineligible for admission to, or continuation at, SWOSU.

Signature _____ Date _____

APPLICATION FEE AND RESIDENCE HALL DEPOSIT

- ☐ \$15 Admission Application Fee
(Not required from former SWOSU students.)
- ☐ \$100 Residence Hall Deposit
(Complete Residence Hall Application if making this deposit.)

_____ Total Due

Checks should be made out to SWOSU or see Credit Card Information Box.

HEALTH RECORD FORM

All full-time students (Weatherford campus only) are required to submit a current health form. A form will be mailed directly to you upon admission to SWOSU or the form may be obtained at www.swosu.edu/shs.

TRANSFER STUDENTS

A separate application is required to enter a professional program.

SWOSU is committed to the goal of equal educational opportunities for students with disabilities. Requests for reasonable accommodation for disability-related needs should be submitted to SWOSU's Dean of Students, 580.774.3767.

CREDIT CARD INFORMATION

Charge my: ☐ VISA ☐ MC ☐ DISCOVER

\$_____ Total amount to be charged to credit card.

Cardholder Name (Print): _____

Card Number: _____

Expiration Date: _____ Verification Number: _____
Last three-digit non-embossed number in the signature pane on the back of card following account number.

Cardholder Signature: _____

Credit Card Billing Address: _____