Application for Graduate Readmission
William Carey College

If you last attended more than three years ago, you will need to fill out a complete application.

Program of Study: ____**M.S.** in Psychology ____**M.S.** in Counseling Psychology ____**M.B.A.**

____**M.Ed.** *Circle emphasis area:* Elem. Ed., Secondary, English, Gifted, Mild/Moderate, Art (Gulfport only)

____**M.A.T.** *Circle emphasis area:* Elem. Ed. 4-8 or Secondary ____Non-degree ____Certification only

Re-entrance Term: ____Fall 200__ ____Winter 200__ ____Spring 200__ ____Summer 200__

Personal Information:

Social Security Number: ____-____-____

Name: Mr. Ms. Mrs. _____
First Middle/Maiden Last Preferred

Current Address: _____
Street City State Zip Code County/Parish

Current Phone (____)_____ E-mail Address _____

Employer Name_____ Employer Phone (____)_____

Veteran? ____Yes ____No Disabled? ____Yes ____No

Religious Preference: ____Southern Baptist ____Other Baptist ____Methodist
____Presbyterian ____Catholic ____Other_____

Name of Church_____

College Information

Please list all colleges you have attended since your last enrollment at WCC. An official transcript from each college listed must be mailed to the graduate office. Failure to list complete and accurate information at the time the readmission application is submitted could result in the cancellation of your enrollment. (Contact your advisor if you propose to transfer credit.)

Name and location of college or institution	Dates of attendance	Degree Granted	Name while in attendance
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If you have taken any tests since your last enrollment at WCC, please list below. (If you have received a teaching certificate, please provide a copy.)

Name of test	Date Taken	Score

I understand that this application is my agreement to cooperate with the college and to conduct myself in accordance with established rules and policies of the college as found in the official publications of the college.

I hereby affirm by my signature that to the best of my knowledge all information submitted on this form is correct and accurate.

Signature_____ Date _____

Equal Educational Opportunities Statement-In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973 and Title IX of the Education Amendments of 1972, William Carey College does not illegally discriminate on the basis of race, color, national origin, sex, age, or disability in admissions or in the administration of its education policies, programs, and activities.

Please mail all official documents to:

Graduate Office
498 Tuscan Avenue, WCC 155
Hattiesburg, MS 39401

Fax #: 601-318-6488

William Carey College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools, 1866 Southern Lane, Decatur GA 30033-4097, (404) 679-4501, to award bachelor and master degrees.