



Converse II
580 East Main Street
Spartanburg, SC 29302
Office: (864) 596-9014
Fax: (864) 596-9221

Converse II Application for Admission

Full Legal Name: _____
 (Title) (Last) (First) (Middle) (Preferred) (Maiden Name)

Permanent Address: _____
 (Number and Street) (City) (State) (Zip) (Country if Outside USA)

Mailing Address: _____
 (If different) (Number and Street) (City) (State) (Zip) (Country if Outside USA)

If mailing address is different from permanent address, give inclusive dates: From _____ To _____

E-Mail Address: _____

Home Number () _____ Work Phone Number () _____

Cell Phone Number () _____ Birth Date: _____
 (Month/Day/Year)

Marital Status: Single Married Divorced Widow Separated U.S. Citizen: Yes No

Social Security Number: _____ Country of Nationality: _____

Degree Candidate Non Degree Candidate Audit Readmit*

Converse Trad. Undergraduate Switch* *Last Semester and Year Enrolled at Converse: _____

Intended Major or Area of Interest: _____

Intended Semester and Year to Begin Converse: Fall Winter Spring Summer Year 20_____

Most Classes will be taken: Day Evening Both

High School: _____ Year Graduated: _____

Colleges Attended:	City	State	Dates Attended	Degree
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that this information is true and complete to the best of my knowledge. Falsification of information on this application could jeopardize acceptance and enrollment. I authorize any schools or colleges I have previously attended to release personal and academic information to Converse College. If I enroll, I agree to abide by the principles of the honor code and the regulations set forth by Converse College. Enclosed is a **nonrefundable \$40 application fee.**

Applicant's Signature *Date*