

PARALEGAL CERTIFICATE APPLICATION FOR ADMISSION

Full Name: _____
Single Married Widow Divorced Separated

Home Address: _____

Business Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone Number: _____

Email Address: _____

Birth date: _____ Ethnic Group *: _____

Social Security Number: _____

High School (s) Attended (Name, City, State): _____

Date of Diploma (or GED): _____

Previously attended College or University, please list the name(s) and date(s): _____

I certify that all answers on the application are correct and complete and understand that providing false or incomplete answers could disqualify me for admission or terminate my enrollment. In making this application to SMC, I agree to acquaint myself with the policies and regulations of SMC and if I enroll, to abide by these.

Signature: _____ Date: _____

Please send application form, a \$35 non-refundable application fee,
transcript(s), and two letters of recommendation to:
Ms. Yvonne W. Harper, Director of the Paralegal Certificate Program
Spartanburg Methodist College
1000 Powell Mill Road
Spartanburg, SC 29301-5899
harper@smcsc.edu
(864) 587-4278 direct number/ 587-4358 fax number

**Ethnic group is required by the Office of Civil Rights of the Department of Education to assure compliance with the Civil Rights Act. Ethnic origin is not a factor for admission.
Spartanburg Methodist College does not discriminate against any race, national origin, religion, or handicap.*