
GRADUATE AND PROFESSIONAL PROGRAM APPLICATION

WINSTON-SALEM STATE UNIVERSITY



INFORMATION FOR DOMESTIC APPLICATIONS
FOR ADMISSION TO GRADUATE AND PROFESSIONAL STUDY

For Candidates who are United States Citizens or Resident Aliens



WINSTON-SALEM
STATE UNIVERSITY

Office of Admissions
111 Anderson Center
601 S. Martin Luther King, Jr. Drive
Winston-Salem, NC 27110
Phone: 336-750-2074
Fax: 336-750-2079
graduate@wssu.edu
www.wssu.edu

PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND HEALTHCARE ADMINISTRATION APPLICANTS:

Applications must be submitted online through OTCAS.org for Occupational Therapy applicants, PTCAS.org for Physical Therapy applicants and HAMPCAS.org for Healthcare Administration applicants. **Do not complete this application.** Please submit the \$50 WSSU application fee to the Office of Admissions.

APPLICATION TO A GRADUATE AND PROFESSIONAL PROGRAM:

Winston-Salem State University welcomes applications from all persons holding a baccalaureate degree from an accredited university or college and possessing sound qualifications for pursuing graduate study in the program options available at the university.

The Office of Admissions receives all applications. The Department or School offering the degree program will review the application only after all forms and documents are received in the Office of Admissions. The final decision regarding admission of qualified applicants to a degree program is based on numerous criteria drawn from the application and evaluated by the Admission Committee from the Department or School offering the degree.

Best wishes to you in your pursuit of a quality graduate or professional degree from Winston-Salem State University.

APPLICATION MATERIAL CHECKLIST:

For admission consideration to a graduate or professional degree program, the applicant must submit the following in the enclosed return envelope:

- A completed application;
- A \$50 non-refundable application processing fee;
- Official transcript in sealed envelopes from each college and university previously attended. (*An official transcript must be submitted from each university attended*).
- Three letters of recommendation from former professors, current employers or persons well acquainted with the applicant's academic potential. Applicant must check the admission requirement for the chosen degree program regarding specific requirements for letters of recommendation.
- Examination results from the following tests, taken within the past five years:

Master's Program

- Business Administration
- Computer Science & Information Technology
- Master of Arts in Teaching
- Nursing
- Rehabilitation Counseling

Required Standardized Test

GMAT/GRE
GRE
GRE/MAT
GRE/MAT
GRE

Professional Program

- Nursing Practice (DNP)

Required Standardized Test

GRE/MAT

- Any other specific documents required from the chosen degree program.*

For applicants who have continued studies beyond the baccalaureate degree, both undergraduate and graduate grade point averages will be considered in determining eligibility for admission into a graduate degree program.



WSSU

WINSTON-SALEM STATE UNIVERSITY

APPLICATION FOR GRADUATE AND PROFESSIONAL ADMISSION

PROGRAM OF STUDY

- Masters of Business Administration
Masters of Computer Science & Information Technology
*Master of Arts in Teaching
*Masters of Nursing
Masters Rehabilitation Counseling
*Master of Healthcare Administration
*Doctor of Nursing Practice

ADMISSION TERM (write year beside the term)

- Fall (August)
Spring (January)
Summer (May)

Please print or type all your responses. Answer all questions. Use N/A if a question is not applicable to you. Attach the NON-REFUNDABLE \$50 application fee to the application.

Mail to:
Winston-Salem State University
Office of Admissions
111 Anderson Center
601 S. Martin Luther King, Jr. Drive
Winston-Salem, NC 27110
graduate@wssu.edu
www.wssu.edu

*Fall Admission Only

Providing the Social Security number is voluntary, is requested by the institution solely for administrative convenience and record-keeping accuracy, and is required only to provide a personal identifier for the internal records of this institution.

Social Security #

Name Last First Middle Maiden/Former

Current mailing address Street Address/PO Box City State Zip Code

Permanent mailing address Street Address/PO Box City State Zip Code

County of Residence

Telephone # ()

E-mail Address

Place of Birth

Date of Birth Month/Day/Year Gender M F

Legal Residency

Are you a legal resident of North Carolina? Yes No County of residence:
How long have you lived in North Carolina? From Month/day/year to Month/day/year

The Office of Civil Rights requests ethnic and citizenship information.

U.S. Citizen Resident Alien (Please give number)

If citizenship is other than U.S., STOP: YOU MUST SUBMIT AN INTERNATIONAL GRADUATE APPLICATION

Ethnicity

Are you Hispanic or Latina? Yes No
Hispanic/Latino: Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin or culture, regardless of race.

Race (Select one or more of the following racial categories)

- American Indian or Alaska Native
Native Hawaiian or Other Pacific Islander
Asian
White
Black or African American
Other

Military Status:

- VET receiving benefits
VET's dependent w/benefits
VET not receiving benefits
Active duty w/o benefits
Active duty
Not applicable

Nearest Relative Relationship Telephone

Give name, address and dates of attendance of all colleges and universities attended:

College/University	Address	Dates Attended	Degree
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College/University	Address	Dates Attended	Degree
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College/University	Address	Dates Attended	Degree
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Give employment history for past three years:

Employer Name	Address	Dates Employed	Phone Number
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Employer Name	Address	Dates Employed	Phone Number
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Employer Name	Address	Dates Employed	Phone Number
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Have you taken the: GMAT? If yes, when? _____ If no, intended date _____
For scores to be valid, GRE? If yes, when? _____ If no, intended date _____
test must be taken within MAT? If yes, when? _____ If no, intended date _____
the last 5 years.

I certify that the information I have given on this application is complete and correct. Any willful misrepresentation of fact may be cause for withdrawal of my application from consideration, cancellation of admission or registration or suspension from the university. I agree to allow the university to send information on the status of my application to my current employer or university/college.

I hereby acknowledge that providing my social security number is voluntary, requested by the institution solely for administrative convenience and record-keeping accuracy, and required only to provide a personal identifier for the internal records of this institution.

I hereby acknowledge that the institution may verify the information set forth herein from sources accessible under law to the institution but that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974 if I am or have been in attendance at this institution.

Signature of Applicant _____ **Date** _____

Winston-Salem State University is committed to equality of educational opportunity and does not discriminate against applicants, students or employees based on race, color, national origin, religion, gender, age, or disability. It is the policy of Winston-Salem State University to create diversity among its student body by recruiting and enrolling students without regard to race, gender or ethnicity. Applicants of all races, gender, and ethnic backgrounds are encouraged to apply for enrollment.



Return this form to Winston-Salem State University, Office of Admissions,
111 Anderson Center, 601 S. Martin Luther King, Jr. Drive, Winston-Salem, NC 27110.

WSSU

GRADUATE AND PROFESSIONAL APPLICATION RECOMMENDATION FORM

Applicant Name: _____
Last First Middle

Date of Birth: _____
(mm) (dd) (yyyy)

To which graduate or professional program are you applying: _____

To the Applicant:

The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of their applications for admissions or financial aid. Students may waive that right if they choose, although such a waiver cannot be a condition of admission or award. Please indicate your decision below.

I do I do not waive my legal right to inspect this letter of recommendation.

Signature of Applicant: _____ **Date:** _____

TO THE RECOMMENDER:

Name of Recommender: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please be advised of the student's right to inspect this recommendation should they not waive the right indicated in the instruction "To the Applicant."

We seek your opinion of the person named above, who is applying for admission to the graduate degree program checked above. After responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. You may use the other side of this form or attach a letter.

1. How long and in what capacity have you known the applicant? _____
2. Rate the applicant in comparison with the approximately _____ students you have known at this level (e.g. graduating seniors, M.A. students) in the applicant's discipline. These ratings should complement but not replace your comment on the other side of this form or in your attached letter (*attached letter optional*).

	<small>(Top 1%) Truly Exceptional</small>	<small>(Top 5%) Outstanding</small>	<small>(Top 10%) Excellent</small>	<small>(Top 25%) Very Good</small>	<small>(Top 50%) Above Average</small>	<small>(Lower 50%) Below Average</small>	<small>Unable to Comment</small>
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan & conduct research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential for graduate work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the strength of your overall endorsement by placing an "X" in the appropriate box.

- Highly Recommended Recommended with some reservations
 Recommended Not Recommended

Signature of Recommender: _____ **Date:** _____

GRADUATE AND PROFESSIONAL APPLICATION RECOMMENDATION FORM

Applicant Name: _____
Last First Middle

Date of Birth: _____
(mm) (dd) (yyyy)

To which graduate or professional program are you applying: _____

To the Applicant:

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I do I do not waive my legal right to inspect this letter of recommendation.

Signature of Applicant: _____ **Date:** _____

TO THE RECOMMENDER:

Name of Recommender: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please be advised of the student's right to inspect this recommendation should they not waive the right indicated in the instruction "To the Applicant."

We seek your opinion of the person named above, who is applying for admission to the graduate degree program checked above. After responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. You may use the other side of this form or attach a letter.

1. How long and in what capacity have you known the applicant? _____
2. Rate the applicant in comparison with the approximately _____ students you have known at this level (e.g. graduating seniors, M.A. students) in the applicant's discipline. These ratings should complement but not replace your comment on the other side of this form or in your attached letter (*attached letter optional*).

	(Top 1%) Truly Exceptional	(Top 5%) Outstanding	(Top 10%) Excellent	(Top 25%) Very Good	(Top 50%) Above Average	(Lower 50%) Below Average	Unable to Comment
Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan & conduct research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential for graduate work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the strength of your overall endorsement by placing an "X" in the appropriate box.

- Highly Recommended Recommended with some reservations
 Recommended Not Recommended

Signature of Recommender: _____ **Date:** _____

GRADUATE AND PROFESSIONAL APPLICATION RECOMMENDATION FORM

Applicant Name: _____
Last First Middle

Date of Birth: _____
(mm) (dd) (yyyy)

To which graduate or professional program are you applying: _____

To the Applicant:

The Family Educational Rights and Privacy Act of 1974 gives students the right to inspect letters of recommendation written in support of their applications for admissions or financial aid. Students may waive that right if they choose, although such a waiver cannot be a condition of admission or award. Please indicate your decision below.

I do I do not waive my legal right to inspect this letter of recommendation.

Signature of Applicant: _____ **Date:** _____

TO THE RECOMMENDER:

Name of Recommender: _____ **Title:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Please be advised of the student's right to inspect this recommendation should they not waive the right indicated in the instruction "To the Applicant."

We seek your opinion of the person named above, who is applying for admission to the graduate degree program checked above. After responding to the items below, please comment specifically on the applicant's strengths and limitations for graduate study. You may use the other side of this form or attach a letter.

1. How long and in what capacity have you known the applicant? _____
2. Rate the applicant in comparison with the approximately _____ students you have known at this level (e.g. graduating seniors, M.A. students) in the applicant's discipline. These ratings should complement but not replace your comment on the other side of this form or in your attached letter (*attached letter optional*).

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Intellectual Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan & conduct research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity and originality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledge in chosen field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teaching potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall potential for graduate work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the strength of your overall endorsement by placing an "X" in the appropriate box.

- Highly Recommended Recommended with some reservations
 Recommended Not Recommended

Signature of Recommender: _____ **Date:** _____

APPLICANT CERTIFICATION

In an effort to maintain a safe learning community, we must ask the following questions of all applicants. For the purpose of the following questions, “crime” or “criminal charge” refers to any crime other than a traffic related misdemeanor or an infraction. You must, however, include any alcohol or drug related offenses whether or not they are traffic related incidents. Answering “yes” to any of the following questions may not necessarily preclude your being admitted. However, failing to answer these questions, or failing to respond completely, accurately, and truthfully, may be grounds to deny or withdraw your admission or to dismiss you after enrollment.

If you answer “yes” to any of these questions, please provide a written explanation that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience. The university reserves the right to require an additional statement from an appropriate official corroborating your account, either before acting on your application or before permitting you to enroll. Your failure to provide such a statement upon request may be grounds to deny or withdraw your admission or to dismiss you after enrollment.

You are required to notify the university immediately and in writing of any new or pending criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge, or any non-routine absence from school, that occurs at any time after you submit this application and prior to enrollment. Your failure to do so may be grounds to deny or withdraw your admission or to dismiss you after enrollment.

1. Yes No Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal, or expulsion from the institution?
2. Yes No Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?
[Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]
3. Yes No Do you have any criminal charges pending against you?
4. Yes No Have you entered a plea of no contest or nolo contendere, or an Alford plea, to a misdemeanor, felony, or other criminal charge; or received a deferred prosecution or prayer for judgment continued for such a charge; or otherwise accepted responsibility for such a crime?
5. Yes Have you received any type of discharge from military service “other than an honorable discharge”?
 No - Never Served
 No - Currently Serving
 No - Honorably Discharged
6. Yes No If your education was or will be interrupted, indicate here and provide details in additional information section.

I hereby acknowledge that WSSU may verify the information set forth herein from sources permitted under law and that the institution may divulge the contents of this application only as permitted under the Family Educational Rights and Privacy Act of 1974, if I am or have been in attendance at this institution.

I understand my failure to provide complete, accurate, and truthful information on this application will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

Signature of Applicant _____ Date _____

If applicant is under 18 years of age,
signature of parent or guardian _____ Date _____

MILITARY STATUS FOR FINANCIAL AID AND RESIDENCY DETERMINATION

- a. Are you currently serving or have you ever served in the United States Armed Forces? No Yes
b. Are you a dependant or spouse of a current or prior United States service member? No Yes

If you answered yes to question (a) above, please answer the following:

1. Your Current Status: Active Duty NC National Guard Other National Guard Reservist
 Separated Veteran Retiree
2. Branch of Service: Army Air Force Marine Corps Navy Coast Guard
3. Current or Last Pay Grade: E-1 E-2 E-3 E-4 E-5 E-6 E-7 E-8 E-9 O-1 O-2
 O-3 O-4 O-5 O-6 O-7 O-8 O-9 O-10 O-11 W-1 W-2 W-3 W-4
 W-5
4. Do you plan to use military or veterans educational benefits while enrolled at this institution?
 No Yes Not Sure

If yes, which benefit do you plan to use?

- Chapter 30 – Montgomery GI Bill
 - Chapter 31 – Vocational Rehabilitation
 - Chapter 33 – Post 9/11 GI Bill
 - Chapter 35 – Dependents Education Assistance (DEA)
 - Chapter 1606 – Selected Reserves GI Bill
 - Chapter 1607 – Reserves Education Assistance Program (REAP)
 - Military Tuition Assistance
 - Military Spouse Career Advancement Accounts (MyCAA)
 - Marine Gunnery Sgt. John David Fry Scholarship
 - Not Sure
5. Your current or last permanent duty station: Fort Bragg Camp Lejeune MCAS Cherry Point
 MCAS New River Pope Army Airfield Seymour Johnson AFB USCG North Carolina
 Other installation outside of NC NC National Guard Other National Guard Reservist
 6. Your current or last home of record: _____
 7. Your state of legal residence last claimed on your DD Form 2058
(State of Legal Residence Certificate) _____
 8. Date of initial entry into military service: _____
 9. Discharge or retirement date (actual or anticipated): _____
 10. If discharged, your final duty station: Fort Bragg Camp Lejeune MCAS Cherry Point
 MCAS New River Pope Army Airfield Seymour Johnson AFB USCG North Carolina
 Other installation outside of NC NA - NC National Guard NA - Other National Guard
 NA – Reservist

MILITARY STATUS FOR FINANCIAL AID AND RESIDENCY DETERMINATION

If you answered yes to question (b):

Please complete the following if you are the dependent or spouse of someone currently serving or who has ever served in any branch or status in the United States Armed Forces. This information will help us connect you with financial aid benefits and determine your eligibility for in-state residency.

1. Your relationship to the service member or veteran: Dependent Spouse
2. Current Status of Service Member: Active Duty NC National Guard Other National Guard
 Reservist Separated Veteran Retiree
3. Branch of Service: Army Air Force Marine Corps Navy Coast Guard
4. Current or Last Pay Grade of Service Member: E-1 E-2 E-3 E-4 E-5 E-6 E-7 c E-8
 E-9 O-1 O-2 O-3 O-4 O-5 O-6 O-7 O-8 O-9 O-10 O-11 W-1
 W-2 W-3 W-4 W-5
5. Do you plan to use military or veterans educational benefits while enrolled at this institution?
 No Yes Not Sure

If yes, which benefit do you plan to use?

- Chapter 30 – Montgomery GI Bill
 - Chapter 31 – Vocational Rehabilitation
 - Chapter 33 – Post 9/11 GI Bill
 - Chapter 35 – Dependents Education Assistance (DEA)
 - Chapter 1606 – Selected Reserves GI Bill
 - Chapter 1607 – Reserves Education Assistance Program (REAP)
 - Military Tuition Assistance
 - Military Spouse Career Advancement Accounts (MyCAA)
 - Marine Gunnery Sgt. John David Fry Scholarship
 - Not Sure
6. Current or last permanent duty station of service member: Fort Bragg Camp Lejeune
 MCAS Cherry Point MCAS New River Pope Army Airfield Seymour Johnson AFB
 USCG North Carolina Other installation outside of NC NC National Guard
 Other National Guard Reservist
 7. Current or last home of record of service member: _____
 8. What is/was the state of legal residence last claimed on his/her DD Form 2058
(State of Legal Residence Certificate)? _____
 9. Date of initial entry into military service for the service member: _____
 10. Discharge or retirement date of service member (actual or anticipated): _____
 11. If discharged or retired, service member's final duty station: Fort Bragg Camp Lejeune
 MCAS Cherry Point MCAS New River Pope Army Airfield Seymour Johnson AFB
 USCG North Carolina Other installation outside of NC NA - NC National Guard
 NA - Other National Guard NA – Reservist



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