



800 Georgia Southwestern State University Drive  
 Americus, GA 31709-4379  
 Phone: 229-928-1331 / Fax: 229-931-2021

# RE-ADMISSION APPLICATION

Term You Plan to Enroll \_\_\_\_\_ Term Last Attended \_\_\_\_\_

NAME \_\_\_\_\_  
 Last Name First Name MI

Are any of your records under a different name? Yes No If yes, what name \_\_\_\_\_

SSN/gswID# \_\_\_\_\_ Telephone Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address \_\_\_\_\_  
 Street Apt. No.  
 City State Zip Code County/Country

- Enrollment Classification:    Returning to complete undergraduate degree    Major: \_\_\_\_\_  
    Seeking second baccalaureate degree    Major: \_\_\_\_\_  
    Seeking post baccalaureate credit without obtaining degree (undergraduate courses only)  
    Enrolling in courses for personal development (undergraduate courses only)  
    Enrolling in courses as transient student

Have you attended any other college since your last enrollment at GSW?    Yes    No  
 If yes, give the names of all colleges attended and the dates of attendance. An official transcript from each institution must be received by GSW prior to your acceptance.

Name of College	City/State	Dates of Attendance	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Based on the residency definition in the current catalog, what is your residency classification?  
 Resident of Georgia/ Length of residence \_\_\_\_ Yrs \_\_\_\_ Mths    County of Residency \_\_\_\_\_  
 Non-resident of Georgia    State of Residency \_\_\_\_\_  
 Non-resident of Georgia; Military or military dependent    State of Residency \_\_\_\_\_

I understand that falsification of any statement above constitutes fraudulent enrollment and may result in loss of all credits.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Information Received _____	Date Processed _____
Decision _____	