



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

UNDERGRADUATE RE-ADMISSION APPLICATION

SSN/GSW ID# _____

Term You Plan to Enroll _____

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____

Current Mailing Address _____

Phone Number _____

City, State, Zip _____ County/Country _____

Email Address _____

Are any of your records under a different name? Yes No If yes, what name(s) _____

Enrollment Classification: (Select One)

- Returning to complete undergraduate degree. Major: _____
- Seeking second baccalaureate degree. Major: _____
- Seeking post baccalaureate credit without obtaining degree. Area: _____
- Enrolling in courses for personal development (undergraduate courses only) Area: _____
- 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. A **final** official transcript from each institution must be received by GSW prior to your acceptance. Attach additional pages if needed.

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

Are you applying for In-state Tuition? Yes No

Have you established and maintained legal residence in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plan to enroll? Yes No

If you are under the age of 24, has a parent(s) or US Court-appointed legal guardian established and maintained legal residence and domicile in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plan to enroll? Yes No

If you answered "yes" to either of the two questions above, all of the following **MUST** be answered:

- 1) What is your Georgia county of residence? _____
- 2) Have you ever lived outside of the state of Georgia? Yes No
- 3) If you have ever lived outside the state of Georgia and now live in Georgia, how long have you continuously lived in the state of Georgia at this time?
 _____ years _____ months
- 4) Have you graduated or will you graduate from a Georgia high school? Yes No
- 5) Did you (or your parents if you are claimed as a dependant) file a state income tax return this past year? Yes No
- 6) If yes, in which state did you file? _____
- 7) Are you currently a member of the Georgia National Guard or a family member of someone who is a member of the Georgia National Guard?
 Yes No Home State of Record _____

I understand that any material false statement made knowingly and willfully by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete

I also understand that my re-admission application will not be processed until the \$25.00 fee is paid.

Signature _____ Date _____

You may fax the completed form to 229-931-2021 and call 229-931-2013 to pay \$25.00 fee by credit card.
 It is not necessary to send a cover sheet with your fax request.