APPLICATION FOR MASTER OF SCIENCE IN NURSING

Applicants who submit complete application packets and who meet minimum requirements for regular admission will be considered. Acceptance is not guaranteed. The School of Nursing at Georgia Southwestern State University seeks the most qualified applicants for admission to its graduate degree cohort program.

All materials submitted in conjunction with an application become the property of Georgia Southwestern State University and will not be returned. Submission of application does not guarantee admission.

Admission requested for: (Please Check One)

- Fall (August)  - Spring (Jan)  - Summer (June)  - Year 20

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<th>Fall (August)</th>
<th>Spring (Jan)</th>
<th>Summer (June)</th>
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<td>Preferred Deadline:</td>
<td>June 15</td>
<td>October 15</td>
<td>March 15</td>
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<td>Final Deadline:</td>
<td>July 15</td>
<td>November 15</td>
<td>April 15</td>
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APPLICANT INFORMATION  (**indicates a mandatory field)

Full Legal Name: ___________________________  **First  Middle  **Last

Permanent Address: ___________________________  **Street  Apt. No.

_________________________  **City  **State  **Zip

_________________________  **County  **Telephone (including area code)

_________________________  **Email Address

Indicate other names used on official records if different from above:

First  Middle  Last
Contact in case of emergency:  ____Parent  ____Spouse  ____Guardian  ____Other

Name: ____________________________

First  Last  Telephone (including area code)

Address: ______________________________

Street  Apt. No.

City  State  Zip

**Citizenship**

______US Citizen by birth

______Resident Alien (Copy of green card required)

______Non-Resident Alien

Country of Citizenship (if not US) ______________________________

Visa Type ______________________________

**ARE YOU APPLYING FOR INSTATE TUITION?**

_____Yes  _____No

**Legal Resident of Georgia?**

_____Yes  If yes, how long? ______________________________

_____No  If no, state of legal residency ______________________________

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

Have you ever lived outside the state of Georgia?  _____Yes  _____No

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

Did you (or your parents if you are claimed as a dependant) file a state income tax return this past year?  _____Yes  _____No  If yes, in which state did you file?  ____________

In accordance with Board of Regents Policy 4.3.4, all applicants who are accepted for admission or readmission to Georgia Southwestern State University for Fall, 2011 or any academic semester thereafter, and who seek to be classified as in-state for tuition purposes, will be required to provide validation of residency and lawful presence in both the State of Georgia and the United States. Acceptance to Georgia Southwestern State University is conditional until lawful presence is verified. (See Lawful Presence Requirement on Admission Information and Check List)
DEMOGRAPHIC INFORMATION

** Birth date: __________________________ Place of Birth: __________________________
		Month Day Year City State

Gender: ________ Female ________ Male

Marital Status: ________ Single ________ Married ________ Divorced ________ Widowed ________ Separated

Ethnic Origin: Please answer the following two questions (optional)

1. Are you Hispanic or Latino? ________ Yes ________ No

2. What is your race? (Choose one or more)

   ________ American Indian or Alaskan Native
   ________ Black (Non-Hispanic Origin) or African American
   ________ Native Hawaiian or Other Pacific Islander
   ________ White (Non-Hispanic Origin)

ACADEMIC INFORMATION

** Classification:

   ________ Nursing Education ________ Nursing Leadership

** List all colleges and universities you have attended or are attending, including Georgia Southwestern State University. Official transcripts are required from each institution. If you are currently enrolled, give the last expected date of enrollment.

<table>
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<tr>
<th>Name of Institution</th>
<th>Attendance From (mm/yy)</th>
<th>Attendance To (mm/yy)</th>
<th>Degree Earned (mm/yy)</th>
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Each applicant seeking admission to the School of Nursing Master in Science must submit acceptable scores on the GRE (preferred) or MAT (may be considered). All test scores must be requested by the student and mailed from the testing agency directly to: Dr. Bonnie J. Simmons, School of Nursing Graduate Program, Georgia Southwestern State University, 800 GSW Drive, Americus, GA 31709.

**Scores (no more than 5 years old) will be submitted from:**

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<tr>
<th>Test</th>
<th>Date Taken or Scheduled</th>
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<td>GRE</td>
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<tr>
<td>MAT</td>
<td>(mm/dd/yy)</td>
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</tbody>
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** 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 $1000 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.

_______ Yes, I agree

_____ No, I do not agree. Do not process my application.

Signature: _______________________________ Date: _______________________________

ALL APPLICATION MATERIALS SHOULD BE MAILED TO:

Dr. Bonnie J. Simmons  
School of Nursing Graduate Program  
Chair and Program Coordinator  
Georgia Southwestern State University  
800 GSW Drive  
Americus, GA 31709