

Office of the Registrar 800 Georgia South-stern State University DriveAmericus, GA 31709 Phone: 229--928-1331 Fax: 229--931-2021

## **UNDERGRADUATE RE-ADMISSION APPLICATION**

SSN/GSW ID#	Da	Date of Birth			Term You Plan to Enroll	
Last Name	First Name	Middle Na	me	Email Address		
Current Mailing Address				Phone I	Phone Number	
City, State, Zip			County/Country			
Are any of your record	ds under a different na	ame? Ye	es No			
If yes, what name(	s)					
Enrollment Classifi	cation: (Select One	)				
Returning to com	plete undergraduate d	egree. <b>Major</b>				
Seeking second	baccalaureate degree	e. Major:				
Seeking post bad	ccalaureate credit witl	nout obtaining de	gree. <b>Area</b> :			
Enrolling in cours	ses for personal devel	opment (undergra	aduate courses o	only) <b>Area</b> :		
Enrolling in cours	ses as transient stude	nt.				
Have you attended an	ny other college since	your last enrollme	ent at GSW?	Yes	No	
If yes, give the na institution must b	ames of <b>all</b> colleges at se received by GSW p	tended and the darior to your accep	ates of attendand tance. Attach ad	e. A <b>final</b> of ditional page	ficial transcript from eaches if needed.	
Name of College		City/State	Dates of A	ttendance	nce Degree	
				<del></del>		
				<del></del>		

## **Tuition Classification Information**

Citizenship Status:					
U.S. Citizen by Birth U.S. Citizen by Naturalization					
Alien, Non-Resident Permanent Resident* (*Please attach copy of both sides of Alien Registration Receipt Card I-15)					
Country of Citizenship (if not U.S.A.) Place of Birth:					
Are you an international student who will need an I-20 Certificate of Eligibility?					
Are you applying for In-State Tuition? Yes No					
How long have you established and maintained domicile in Georgia? years months					
How long have you lived in the USA? years months					
County of Residence: County State					
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 above, all of the following must be answered:					
What is your Georgia county of residence?					
Have you ever lived outside of 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?					
Have you graduated or will you graduate from a Georgia high school?  Yes  No					
Did you (or your parents if you are claimed as a dependant) file a state income tax return this past year?					
If yes, in which state did you file?					
From what state is your driver's license issued?					
From what state is your motor vehicle registration issued?					
From what state is your voter registration issued?					
understand that any material false statement made knowingly and willfully by me on this application, or any documents attached hereto may, n 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.  also understand that my re-admission application will not be processed until the \$25.00 fee is paid.					
Signature Date					