

New Applicant: Please enclose check for \$25 processing fee.
Former Student: Please submit Application for Readmission.

Term you plan to enter:

Fall 20 ___ Spring 20 ___ Summer 20 ___

Social Security Number (required)

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Please check for accuracy.

Date of Birth (required)

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BIOGRAPHICAL

Full legal name: _____
Last First Middle Jr., III, etc.

Former name (if applicable)*: _____
* Please provide a copy of photo ID/marriage license/Social Security card for name change.

Mailing Address: _____
Street Home phone (inc. area code) Day phone (inc. area code) Cell phone (inc. area code)

City State Zip Country (if not USA)

E-mail Address: _____

List previous address if at above mailing address less than 12 months.

Previous Address: Check if this address serves as your permanent address

Street Hm. phone (inc. area code) Day phone (inc. area code) Cell phone (inc. area code)

City State Zip Country (if not USA)

RESIDENCE

How long have you continuously lived in Georgia? ___yrs./___mos.

Do your parents claim you on their income taxes? Yes No If yes, what state? _____

Are you or will you be at the time of enrollment a current member or veteran of the U.S. Armed Forces? Yes No

Is your spouse or a parent active duty military? Yes No

If YES to either of the above questions:

Which branch? Air Force Army Coast Guard Marines Navy

Which component? Active Reserve National Guard

Current Status: Serving Discharged Retired Date of separation _____ (Provide copy of your DD214)

Home State of Record: _____

Provide copy of your current Military ID Card and orders assigning you to a Georgia military installation.

If you are a veteran and plan to use your VA benefits while at AASU, please see VA Representative for forms.

Citizenship Status: U.S. Citizen by Birth U.S. Citizen by Naturalization (Provide copy of naturalization certificate or US passport)
 Alien, Resident* Alien, Non-Resident Visa Type _____ (F-1, B-2, H-1)
*Please submit a copy of your Alien Registration Receipt Card, I-551, EAD Card, I-94 card

Country of Citizenship (if not USA) _____

EMERGENCY

Parent Guardian Spouse Other
 Name _____

Address _____
Street City State Zip

Phone _____
Home (include area code) Cell (include area code) Day (include area code)

OPTIONAL

The following information is for statistical purposes only and will not be used in a discriminatory manner.

Are you Hispanic or Latino? Yes No Gender: Female Male

Race (mark ALL that apply): White
 Black or African American
 Asian
 Native Hawaiian or other Pacific Islander
 American Indian or Alaskan Native

Armstrong Atlantic State University offers disability services. For further information, contact the Office of Disability Services at (912) 344-2744.

New students: please list high school and **ALL** colleges previously attended. **Failure to do so will disqualify applicant.** Transcripts must be mailed directly to the Admissions Office from the sending institution. The applicant must submit official transcripts of all previous college courses attempted whether or not credit was earned and regardless of whether the applicant wishes to transfer any credit.

| Complete Name of School | Location (City, State) | Attendance Date | | Credit Hours Earned | Grad. Date/ Degree Earned |
|-------------------------|------------------------|-----------------|------------|---------------------|------------------------------|
| | | From (mo/yr) | To (mo/yr) | | |
| Last High School | | | | | |
| College | | | | | |
| College | | | | | |
| Last College | | | | | |

Do you currently have any disciplinary or academic misconduct charges pending against you from a high school, college or university or have you ever been disciplined, suspended, or expelled for conduct code violations from a high school or postsecondary educational institution? No ___ Yes (Please explain) _____

Have you ever been convicted of a crime other than a minor traffic violation or are there any criminal charges currently pending against you? No ___ Yes (Please explain) _____

Will you be applying for financial aid? Yes No Will you be applying for scholarships? Yes No

Are you a HOPE Scholar? Yes No

Are you **currently** in high school? Yes (see below) No

If yes, check and give titles below for the college preparatory courses you will take or are taking to graduate.

- English _____ Natural/Physical Sciences _____
 Foreign Languages _____ Social Sciences _____
 Mathematics _____ Other _____

If you are **not** a high school graduate (but would have graduated at least five years ago), have you taken the GED tests and received a State High School Equivalency Certificate?

Yes No (**Official report of GED scores must be sent to the Admissions Office.**)

Have you previously applied for admission to AASU? Yes No If so, when? _____

Intended Major: (See degree programs) _____ (**Do not leave blank**)

Application Type: (check one)

- Freshman (no prior college) Transient 62 Plus Program Engineering (GTREP)
 Transfer Certificate Engineering (RETP) Civil Electrical
 Second Baccalaureate Degree Joint/Early Enrollment Auditor Computer Mechanical
 Post Baccalaureate Teacher Certification

Educational Objective: Associate Degree Baccalaureate Degree Prepare for New Career
 Job Experience Other/NA (Please explain) _____

I certify that all statements made in this application are complete and true. **I also understand that falsification of or failure to provide information requested may result in my immediate dismissal and/or loss of all credits from the university.** If my application is accepted and I become a student, I agree to abide by the published regulations of the university and the policies of the Board of Regents of the University System of Georgia.

Date _____ Signature of Applicant _____

1. Application, non-refundable \$25.00 processing fee (check/money order, **not cash**), transcripts and other supporting documents (when applicable) should be submitted by application deadline for the term in which the applicant plans to enter.
2. Application will not be reviewed until the application form, fee and official scholastic records are received.

All completed applications received on or before the institution's published deadline date will be processed. Applications received after the institution's published deadline may be acted upon at the discretion of the institution.

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| Office Use Only: Receipt No. _____ |
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