

APPLICATION FOR ADMISSION

Primary Campus

Main Campus Cordele Waycross Cairo On-Line Only

A. Admissions Information (Please type or print clearly)

This information is required in considering the applicant's request for admission.

Name: Mr. Mrs. Ms. _____ (Last), _____ (First), _____ (Middle)

Social Security Number: _____ Date of Birth: _____

Preferred First Name: _____ Previous/Maiden Name: _____

Mailing Address: _____ Home Phone: () _____ Cell Phone: () _____

City: _____ State: _____ Zip: _____ Email: _____

Graduated from high school or expect to graduate: _____, or GED received on: _____

Name of High School: _____ City/State: _____

Have you taken the Scholastic Aptitude (SAT) or the ACT Assessment? _____

Have you ever applied to this institution before? _____ If so, when? _____

Have you ever attended this institution before? _____ If so, when? _____

During which semester do you first plan to enroll? Fall Spring Summer Year _____

Applying as: Beginning Freshman Move On When Ready Transfer Post Baccalaureate
 Transient Non-Degree Seeking Audit

Do you plan to graduate from Albany State University? Yes No

If you are a college transfer, give the names of all previous colleges and/or technical colleges, dates of attendance, and degrees earned, if applicable

Name of College	City/State	Dates Attended	Degrees Earned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transient students give name of institution currently attending: _____

Proposed college major (see list of degree programs on page two): _____

B. Statistical Information

The following information is used in Federal and State reports which collect data on equal opportunity for education and employment.

Your response does not affect your admission to Albany State University.

Gender (optional): Male _____ Female _____

Marital Status: Married _____ Single _____

Ethnic Status: Are you Hispanic or Latino? Yes _____ No _____

Race: White _____ American Indian or Alaskan Native _____ Black or African American _____

Native Hawaiian or other Pacific Islander _____ Asian _____

C. Personal Information

In case of emergency, contact: _____ at: () _____

Relation to Student: _____

Parent Email: _____

How did you first learn of Albany State University? Relative Friend High School Teacher/Counselor
 ASU Representative Other: _____

Have you ever been CHARGED WITH, convicted of, or have charges pending for a violation of any law other than minor traffic violations?
No ___ Yes ___ (Please explain. If needed, write explanation on separate piece of paper)

D. Citizenship Information

Country of Birth: _____ Country of Citizenship (if not U. S.): _____

Citizenship Status: U.S. Citizen by Birth U.S. Citizen by Naturalization _____

Resident Alien (please attach a copy of both sides of permanent resident card) _____

Non-Resident Alien: Visa Type: _____

Is English your native language? _____ If no, name your native language: _____

Was all of your instruction throughout secondary school in English? Yes No

E. Foster Care

Have you ever been in foster care, a ward of the state or an independent students (homeless or emancipated)? Yes No

If you answered yes, would you like to receive more information about how ASU can help students, like you, who are either in or have experienced Foster Care, homelessness, or a ward of the state? Yes No

F. Online

State Laws and regulations require out-of-state educational institutions to obtain approval before enrolling students. If you will be residing outside of the state of Georgia while taking ASU courses, please indicate which state you will be residing in while receiving instruction: _____

(For detailed information on State Authorization, see <https://www.asurams.edu/distance>)

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G. Resident/Tuition Classification Status

Tuition Classification Information: University System of Georgia students are responsible for registering under the proper tuition classification. In general, classification of in-state status for tuition purposes requires an individual to have established domicile in Georgia for a minimum of 12 consecutive months immediately preceding the first day of classes for the term in which the student plans to enroll. Domicile is defined as a person's present, permanent home where the individual intends to stay indefinitely and to which the individual returns following periods of temporary absence. Temporary residence does not constitute the establishment of one's domicile. Residency is defined as the state and country where an individual currently lives. An individual may reside in Georgia without having established domicile in the state.

Resident of Georgia. If a resident, how long have you lived in Georgia? _____ County of Residency: _____

Non-resident of Georgia. State of Residency: _____

Non-resident of Georgia. Military or Military family member. _____ Home State of Record: _____

Are you applying for in-state tuition? Yes No

If you answered "Yes" to the above question, all of the following must be answered.

Yes No Have you established and maintained domicile in Georgia (according to the definition above) 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 Have you ever lived outside the state of Georgia?
If yes, how long have you continuously resided in the state of Georgia? Years: _____ Months: _____ Date: _____

If you ever lived outside the state of Georgia, what was your primary reason for moving to the state (check all that apply):

- Part-time work Full-time work Employment of Spouse Employment of Parent/Guardian Attend School
 Family Reasons Return to state following school attendance in another state

Yes No Have you attended a Georgia high school for at least one year?

Yes No Have you graduated or will you graduate from a Georgia high school?

Yes No Do you have a US state/territory-issued driver's license or ID? If yes, in which state? _____

Yes No Do you own a motor vehicle? If yes, in which state is it registered? _____

Yes No Do you have a voter registration? If yes, in which state are you registered? _____

Yes No Did you (or your parents if you are claimed as a dependent) file a state income tax return this past year?
If yes, in which state did you file? _____

Yes No 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? Home State of Record _____

H. Military Information

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

- Air Force Army Coast Guard Marines Navy

Current Status: Serving Discharged Retired

What is your home state of record? _____ Are you stationed or assigned to Georgia? _____

Yes No Are you the spouse or dependent child under the age of 24 of someone who is currently active duty, a veteran, a member of the National Guard, or a Reservist in the U.S. Armed Forces?

If yes, answer the following questions: *What is the military member's branch?* _____

What is the military member's home state of record? _____

Is the military member stationed or assigned to Georgia? _____

I understand that as a Albany State University student, I may be photographed during events held on campus. I agree that my image may be published and distributed in whole or in part for education, instruction, or promotional purposes in print or over open broadcast, cable, audiovisual, radio, closed-circuit exhibition, or computer link. Said work will become the sole property of Albany State University, and I release Albany State University from all claims based on said work.

I understand that any material false statements 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.

Signature: _____ Date: _____



**Move On When Ready Parental Consent Form
Terms and Conditions**

I understand that Move On When Ready is a program that allows a high school student early access to the collegiate experience, which may be very different from the high school environment. Albany State University will consider my child as an adult college student, and all rules, regulations, policies and procedures of Albany State and the University System of Georgia will apply to my child, exactly as they would apply to any other student of Albany State University

I understand the Move On When Ready program waives mandatory fees and covers costs for tuition and books for approved classes. If my child enrolls into an unapproved class, takes a course with a course related fee, or does not return a book or returns it damaged, then that cost will be the responsibility of the student.

I understand that under the terms of the Family Educational Records and Privacy Act (FERPA), I will not have access to my child's records, nor be able to receive any protected information regarding those records from Albany State University without the written consent of my child for the release of only that information requested in each **individual written consent**. More information regarding FERPA may be found at <http://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> .

I understand that Albany State University instructors and professors are bound by federal law (FERPA) to not discuss any aspect of a student's enrollment, course progress, or course completion with anyone but the individual student. I understand that "parent-teacher conferences" are not conducted at Albany State. I understand that if I wish to meet with my child's professor or instructor, my child must be present during the meeting, and the child must sign a statement for that particular meeting, authorizing the parent or guardian to sit in on the meeting between the professor/instructor and my child. Even with a signed statement, instructors and professors are not obligated to meet with parents or guardians.

I understand that once admitted, all official communication from or to the student regarding official college matters that take place in email will be conducted via the student's official Albany State email account. Albany State will respond to email communications received from other email accounts only with general information or will refer the student to check the Albany State account. Students are responsible for regularly monitoring their Albany State Email account.

I understand that Albany State University Student Health Center staff is not authorized to perform examinations, tests, or provide treatment to students under the age of 18 without parent/guardian consent. The consent form must be turned in to the Health Center before a student can be treated. You can receive this form from the MOWR Coordinator.

I understand that my child must maintain Satisfactory Academic Progress (SAP), in order to maintain funding for the Move On When Ready Program. You can receive more information from the MOWR Coordinator.

Please print and sign below to acknowledge the above information and turn in to the MOWR Coordinator.

Student Name _____

High School _____

Parent/Guardian Signature _____ **Name Printed** _____