



UNDERGRADUATE APPLICATION FOR READMISSION

Please complete, sign and return application to:

Registrar's Office
University of West Georgia
1601 Maple Street
Carrollton, GA 30118
OR
Fax to (678) 839-6439

There is no application fee for readmission. The application must be submitted by the posted deadline each semester.
Deadline for: Spring - December 1st Summer - May 15th Fall - June 1st

SOCIAL SECURITY NUMBER OR STUDENT ID \_\_\_\_\_ DATE \_\_\_\_\_

LEGAL NAME \_\_\_\_\_

SEMESTER IN WHICH YOU ARE APPLYING \_\_\_\_\_ LAST SEMESTER ATTENDED AT UWG \_\_\_\_\_

APPLYING AS: [ ] Returning Undergraduate [ ] Seeking 2nd degree [ ] Transient [ ] Transfer [ ] Auditor [ ] Unclassified

DEGREE SOUGHT \_\_\_\_\_ MAJOR \_\_\_\_\_ CONCENTRATION \_\_\_\_\_

CONTACT INFORMATION

PERMANENT \_\_\_\_\_
Street City/State/Zip Phone

MAILING \_\_\_\_\_
Street City/State/Zip Phone

YOUR MyUWG EMAIL ADDRESS (You will be contacted at this address) \_\_\_\_\_

BIOGRAPHICAL INFORMATION

GENDER: [ ] Male [ ] Female DATE OF BIRTH \_\_\_\_\_ RELIGIOUS PREFERENCE (Optional) \_\_\_\_\_

RACE/ETHNIC BACKGROUND (Optional): Are you Hispanic or Latino? [ ] Yes [ ] No

Are you: [ ] American Indian or Alaska Native [ ] Asian [ ] Black or African American
[ ] Native Hawaiian or other Pacific Islander [ ] White

RESIDENCY

Are you a legal, permanent resident of Georgia? [ ] Yes [ ] No If yes, of what county? \_\_\_\_\_

If yes, how long have you lived continuously in Georgia immediately prior to this application? \_\_\_\_\_

If no, of which state are you a resident? \_\_\_\_\_ What is your country of citizenship? \_\_\_\_\_

At what campus do you plan to take courses? [ ] Carrollton [ ] Newnan [ ] Dalton [ ] Rome [ ] On-Line

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**EDUCATION**

High school from which you graduated (include GED, if applicable):

Name	City/State	Date of Graduation/GED
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**List all colleges you have attended:**

- A) Include **ALL** institutions where you registered for classes, even if a withdrawal was granted. List any future institutions you will attend prior to enrollment at UWG. Joint enrollment work should be included as well. By University System policy, students may not choose to exclude work attempted at any other institution. Failure to list prior course work will result in the rejection or dismissal of the applicant.
- B) If your GPA at any institution was below a 2.0, you will need to submit a written letter outlining your reasons for requesting readmission with this application.
- C) **An official transcript from each institution attended must be received prior to readmission acceptance.**

Name of School	City/State	Graduated?	Dates (From/To)	GPA
1. _____				
2. _____				
3. _____				
4. _____				
5. _____				

**When you last attended the University of West Georgia, were you on academic suspension for one year or academically dismissed?**

- No  Yes – If Yes, you **MUST** submit a letter outlining your reasons for requesting readmissions with this application or your application can not be processed. Academic Standing will be verified prior to acceptance.

**Are you presently attending a college/university?**

- No  Yes – If Yes, date of entrance \_\_\_\_\_  
When will be your last date of attendance before reentering the University of West Georgia? \_\_\_\_\_

**Have you ever been expelled or suspended from school for disciplinary reasons?**

- No  Yes – If Yes, you **MUST** submit a detailed explanation with this application.

**Have you ever been convicted and/or have charges pending of any criminal offense other than a minor traffic violation?**

- No  Yes – If Yes, you **MUST** submit a detailed explanation with this application.

I certify that the above statements are true and complete and understand that any omission or misrepresentation will invalidate any further consideration or subsequent readmission. If accepted, I agree to abide by the regulations of the University of West Georgia.

Signature of Applicant

Date

**Please Note: Applications With Incomplete Information and/or No Signature Will Not Be Processed.**