APPLICATION FOR ADMISSION/READMISSION

The Graduate School • University of West Georgia • Carrollton, Georgia 30118-4410

Social Security Number or UWG ID (if you have one)

Have you ever taken a course through the Graduate School at West Georgia? _____

If so, for what quarter/semester?_____ Year_____

Semester You Plan to Enter:

❑ Fall ❑ Spring ❑ Summer

Year_____

NAME

Last First Middle

Other Last Names Used

Preferred Name (example legal name - William; prefers Bill)

PERMANENT ADDRESS

Street or Number

City, State, and Zip Code

PERMANENT TELEPHONE NO. ___ ___–____

WORK TELEPHONE NO. ___ ___–____

EMPLOYER

ADDRESS

EMAIL

GENDER
❑ Male
❑ Female

DATE OF BIRTH
Month Day Year

ETHNIC ORIGIN (optional)
❑ American Indian
❑ Black
❑ Asian or Pacific Islander
❑ Hispanic
❑ White
❑ Multiracial

_____
Place of Birth (City, State, Country)

CITIZENSHIP STATUS
❑ Born U.S. Citizen
❑ Naturalized U.S. Citizen
❑ Alien, Non-Resident
❑ Alien, Resident

_____
Country of Citizenship
(if not U.S.A.)

Residency Status
Legal Resident of Georgia? ❑ Yes ❑ No
If yes, how long?_____
If no, legal state of residence _____

_____
County of Residency

List in chronological order (1) all colleges or universities you have attended, (2) each degree you have earned or will earn by the date of your admission to West Georgia, and (3) the date when these degrees were earned or will be earned.

NAME OF INSTITUTION DEGREE EARNED DATE EARNED

_____

_____

_____

Do you intend to pursue a degree at West Georgia? ❑ Yes ❑ No ❑ Cert. Only ❑ Transient ❑ Uncertain

Degree sought at West Georgia: ❑ MA ❑ MM ❑ MPA ❑ MS ❑ MSN ❑ MBA ❑ Web MBA ❑ MPACC ❑ MED ❑ EDS ❑ EDD ❑ PsyD

Proposed major and/or area of concentration _____

Highest teaching certificate held and areas certified to teach _____

Number of years of school experience (teaching, counseling) _____

Have you ever been convicted of a **FELONY,** or do you have **FELONY** charges pending against you? ❑ Yes ❑ No

If yes, please attach an explanation.

DO NOT WRITE IN THE SPACE BELOW

LEVEL ADMT STYP DEGR COLL DEPT MAJR STAT CAMPUS RATE GPA

TERM/YEAR APPL.DECI.CODE GRE/TEST DATE GMAT/TEST DATE

TOEFL/TEST DATE MAT/TEST DATE NTE/TEST DATE IMMUNIZATION STATUS

COMMENT: _____

_____