

APPLICATION FOR ADMISSION/READMISSION FOR CERTIFICATION

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

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

Semester You Plan to Enter:

Fall Spring Summer

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

Year _____

If so, for what quarter/semester? _____, Year _____

NAME

Last	First	Middle
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Other Last Names Used	Preferred Name (example legal name - William; prefers Bill)
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PERMANENT ADDRESS

Street or Number

City, State, and Zip Code

PERMANENT TELEPHONE NO.

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 WORK TELEPHONE NO.

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EMPLOYER

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ADDRESS

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E-MAIL

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GENDER DATE OF BIRTH ETHNIC ORIGIN (optional)

Male

 American Indian Hispanic Asian or Pacific Islander

Female Month Day Year Black White Multiracial

CITIZENSHIP STATUS

Place of Birth (City, State, Country) _____ Born U.S. Citizen Country of Citizenship _____

Residency Status Naturalized U.S. Citizen (if not U.S.A.)

Legal Resident of Georgia? Yes No Alien, Non-Resident

If yes, how long? _____ Alien, Resident

If no, legal state of residence _____ County of Residence _____

HOUSED STATUS:

Housed with parents

Housed independently

UWG Housing

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 UWG, and (3) the date when these degrees were earned or will be earned.

NAME OF INSTITUTION	DEGREE EARNED	DATE EARNED

Certification presently sought _____

Hours and courses required for certification _____

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: _____