



- Please fill in all information and check the appropriate boxes.
A one-time non-refundable \$40 application fee is required.

APPLICANT INFORMATION

Social Security Number (Required of all applicants)

Name Last First Middle Sr., Jr., Etc.

Permanent Address Number and Street Work Phone (Include Area Code) Home Phone (Include Area Code)
City State Zip Country (If not U.S.)

Mailing Address (or check if same as above) Number and Street Telephone (Include Area Code)
City State Zip Country (If not U.S.)

Former/Maiden Name (if applicable)

Personal Email Address

Date of Birth Sex Citizenship Status Ethnic Origin
Month, Day, Year Male Female U.S. Citizen Non-Resident Alien... Resident Alien...
Native Language English Other Specify

County of Permanent Address Country of Citizenship

Residency Status: Are you applying for In-State Tuition?
Are you a legal resident of Georgia?
Are you a legal resident of Chambers, Lee, or Russell County in Alabama?
Have you or your parents filed a Georgia Income Tax Return as a resident of Georgia?
Are you currently active duty military or a dependent of someone who is active military?
If currently active duty or a dependent of someone who is active duty, are you stationed in Georgia?
Are you registered to vote in the state of Georgia?

Do you hold a drivers license issued by the State of Georgia?
Note: For fee assessment purposes, documentation to support the above statements may be required

## EMERGENCY INFORMATION

Name \_\_\_\_\_  
*Last*
*First*
*Middle*
*Sr., Jr., Etc.*

Telephone Number (include area code) \_\_\_\_\_

## ACADEMIC INFORMATION

Year and semester you plan to attend:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

**Entering Status:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Freshman           | <input type="checkbox"/> Transient          | <input type="checkbox"/> Audit            |
| <input type="checkbox"/> Returning          | <input type="checkbox"/> Transfer           | <input type="checkbox"/> Reinstatement    |
| <input type="checkbox"/> Post Baccalaureate | <input type="checkbox"/> Move On When Ready | <input type="checkbox"/> Joint Enrollment |

[Click here for a list of degree options](#)

Intended Major/Concentration Area \_\_\_\_\_ Degree Objective \_\_\_\_\_

Intended Minor (optional) \_\_\_\_\_

Are you seeking a teaching certification?  Yes  No      If yes, in what field? \_\_\_\_\_

**All previous educational experience**

*(Include prior attendance at Columbus State University. Failure to list all institutions previously attended may result in academic exclusion or loss of transfer credit.)*

	Institution	Location City, State	Attendance From/To	Graduation Date	Diploma Type/ Degree Obtained / Hours Completed
Last High School					
Last College					
College					
College					
College					
College					
College					

## ADDITIONAL INFORMATION

1. Have you ever applied to Columbus State University before?

Yes  No    If yes, for what semester and year? \_\_\_\_\_ Last name then \_\_\_\_\_

2. Are you currently enrolled in the last institution attended?

Yes  No     In good standing?     On probation?     On suspension?

If yes, request that a final transcript be sent to the Enrollment Services Office, Columbus State University.

3. Have you ever been convicted of any criminal offense other than a traffic violation or do you have charges pending?

Yes  No

4. Have you ever been suspended or expelled for disciplinary reasons from a post secondary educational institution?

Yes, explain on a separate sheet.  No

5. Place of birth \_\_\_\_\_  
*City*
*State*
*Country (if not U.S.)*

## CERTIFICATION

1. If you will need special services while on campus because of a disability, please contact our Office of Disability Services at (706) 568-2330.

2. If you are part of the military community, please answer the question(s) below that best your status:

Are you Active Duty Military  Yes  No

Or are you a dependent of someone who is Active Duty Military?  Yes  No

Are you a Reservist?  Yes  No

Or are you a dependent of someone who is a Reservist?  Yes  No

Are you a Veteran?  Yes  No

Or are you a dependent of someone who is a Veteran?  Yes  No

3. Traditional freshmen are encouraged to provide parents name and email address.

Parents Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

4. List any clubs, organization and special programs that will match your extracurricular interest \_\_\_\_\_

5. What is the highest level of education obtained by your parent(s)/guardian(s)? Parent/Guardian 1: \_\_\_\_\_ Parent/Guardian 2: \_\_\_\_\_

A. Less than high school

B. High school diploma or equivalent (GED)

C. Some college but no formal award

D. Certificate, less than an Associates Degree

E. Associates Degree

F. Baccalaureate Degree

G. Master's Degree

H. Doctoral/Professional Degree

I. Unknown

I agree to abide by Columbus State University Regulations.

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.

Further, I certify that by electronically signing my name, I grant CSU permission to process this official application as a potential student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

