

College of Health and Human Sciences  
Application for Graduate Study



Please type or print.

Social Security Number (if available) \_\_\_\_\_

Name \_\_\_\_\_  
Last (family name) First Middle

Former name(s) used at previous colleges, if any \_\_\_\_\_

Email address \_\_\_\_\_  
List an active email address as this will be the primary mode of communication.

Present mailing address \_\_\_\_\_  
Number/Street

City State ZIP Nation

If applicable, address good until \_\_\_\_\_

Present telephone numbers \_\_\_\_\_  
Home Work (if available) Cell

Permanent mailing address \_\_\_\_\_  
(if different from above) Number/Street

City State ZIP Nation

Permanent telephone number \_\_\_\_\_  
(if different from above)

GSU is required to report data on gender and ethnic groups to certain federal and state agencies, as the data relates to civil rights compliance. The provision of this information by applicants is not mandatory.

Gender: \_\_\_ Female Race/Ethnic Group: \_\_\_ American Indian/Alaskan \_\_\_ Black (Hispanic) \_\_\_ White (Nonhispanic)  
\_\_\_ Male \_\_\_ Asian \_\_\_ Multiracial \_\_\_ White (Hispanic)  
\_\_\_ Black (Nonhispanic) \_\_\_ Pacific Islander/Hawaiian

Birth date \_\_\_\_\_  
Month Day Year

Country of Birth \_\_\_\_\_

Program for which you are applying:

**Criminal Justice**

- \_\_\_ Master of Science
- \_\_\_ Master of Science/Doctor of Philosophy
- \_\_\_ Doctor of Philosophy in Criminal Justice

**Nursing**

- Master of Science
- \_\_\_ Adult Health Advanced Practice Nursing/CNS/NP
- \_\_\_ Child Health Nursing/CNS/NP
- \_\_\_ Family Nurse Practitioner
- \_\_\_ Innovations and Nursing Leadership
- \_\_\_ Perinatal Women's Health/CNS/NP
- \_\_\_ Psychiatric Mental Health Nursing/CNS
- Graduate Certificate (Post Master's)
- \_\_\_ Adult Health Advanced Practice Nursing/CNS/NP
- \_\_\_ Child Health Nursing/CNS/NP
- \_\_\_ Family Nurse Practitioner
- \_\_\_ Perinatal Women's Health/CNS/NP
- \_\_\_ Psychiatric Mental Health Nursing/CNS

\_\_\_ Doctor of Philosophy in Nursing

**Nutrition**

- \_\_\_ Master of Science in Health Sciences
- \_\_\_ Master of Science in Health Sciences/Coordinated Program

**Physical Therapy**

- \_\_\_ Doctor of Physical Therapy (entry-level)

**Public Health**

- \_\_\_ Master of Public Health
- \_\_\_ Graduate Certificate

**Respiratory Care**

- \_\_\_ Master of Science in Health Sciences

**Social Work**

- \_\_\_ Master of Social Work

**Nondegree** \_\_\_

**Transient** \_\_\_

Semester/Year for which you are applying: \_\_\_ Fall (August) \_\_\_ Spring (January) \_\_\_ Summer (June) Year 20 \_\_\_

How did you learn about this degree program? \_\_\_\_\_

List all Colleges/Universities you have attended: (List most recent first)

OAA Office Use Only	Name of College/University	Location	From: Mo/Yr	To: Mo/Yr	Degree Program Major or Concentration	Degree Awarded Name/Date	

Date you took or intend to take the appropriate exam: GRE \_\_\_\_\_ MAT \_\_\_\_\_ GMAT \_\_\_\_\_

Date you requested or intend to request scores to be sent to GSU: GRE \_\_\_\_\_ MAT \_\_\_\_\_ GMAT \_\_\_\_\_

Have you previously applied to Georgia State University? \_\_\_\_\_ No \_\_\_\_\_ Yes: Which year and term? \_\_\_\_\_

Employment History:

OAA Office Use Only	Organization	City, State, Country	Occupation Title	Full-time or Part-time	Years Employed

Other Information:

Have you ever been convicted of a crime other than a minor traffic violation? \_\_\_\_\_

If yes, explain in 100 words or less:

Are you currently charged with or have been found guilty of any violation of a federal, state, or municipal law, regulation or ordinance other than minor traffic violations, including offenses for which any type of first offender status has been granted? \_\_\_\_\_

If yes, explain in 100 words or less:

Have you ever entered a plea of guilty, no contest, nolo contendere, or Alford plea, or have otherwise accepted responsibility for the commission of a crime? \_\_\_\_\_

If yes, please explain in 100 words or less:

Do you currently have disciplinary or academic misconduct or academic misconduct charges pending against you from another college or university? \_\_\_\_\_

If yes, please explain in 100 words or less:

Have you ever been disciplined, suspended, or expelled for conduct code violations from a postsecondary educational institution? \_\_\_\_\_

If yes, please explain in 100 words or less:

Are you on academic probation, suspension, exclusion, or any other type of academic warning at any previously attended institution?

\_\_\_\_\_  
If yes, please explain in 100 words or less:

Have you received any type of discharge from military service other than an honorable discharge? \_\_\_\_\_

If yes, please explain in 100 words or less:

Emergency Contact Information:

Name \_\_\_\_\_  
Last (family name) First Relationship

\_\_\_\_\_  
Emergency Phone Number

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## INTERNATIONAL APPLICANT INFORMATION

Applicants whose native language is not English or who have not earned a degree from a U.S. institution.

Primary language: \_\_\_\_\_

Language used in college instruction: \_\_\_\_\_

Date you took or intend to take the Test of English as a Foreign Language (TOEFL): \_\_\_\_\_

Date you requested or intend to request scores to be sent to GSU: \_\_\_\_\_

**Non-U.S. Citizens Only** (whether in this country or applying from abroad):

Type of Visa requested (Circle one) F-1 F-2 J-1 J-2 H-1 H-2 B-1 B-2 Refugee Asylee Other

Is this visa currently held? \_\_\_ Yes \_\_\_ No

If you are a Permanent Resident Alien, please provide your alien number and date the card was issued: \_\_\_\_\_

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### IMPORTANT: THIS FORM MUST BE SIGNED.

*I certify that the information provided on this application and any attached documents is true and accurate to the best of my knowledge and understand that omissions or falsifications may result in withdrawal of a decision to accept me or in disciplinary action. I understand that I must request and provide official transcripts to the College of Health and Human Sciences from all appropriate colleges or universities attended (except GSU) before I may be considered for admission. I further understand that I may be required to furnish additional information or take additional tests to be considered for admission.*

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

Georgia State University, a unit of the University System of Georgia, is an equal opportunity educational institution and an equal opportunity/affirmative action employer. The University is open to people of all races and actively seeks to promote racial integration.

**Application**  
Coordinated Program (CP)  
Division of Nutrition  
School of Health Professions  
Summer/Fall 2010

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*Please type or print legibly*

\_\_\_\_\_

<b>Last Name</b>	<b>First Name</b>	<b>M.I.</b>	<b>Date</b>
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**Program/Status for which you are applying:**

\_\_\_\_\_ Master of Science in Health Sciences, Coordinated Program only

\_\_\_\_\_ If not selected to the Coordinated Program, I wish to be considered for the Master of Science Program

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I am applying to the Coordinated Program. I understand that, if selected, I will be a fulltime student for the duration of the program and that I will be asked to participate in the evaluation of the program. Additionally, I understand that the schedule for the pre-professional practice experiences may not follow the academic calendar of clock schedule for Georgia State University.

I give permission of the review committee to review my current transcripts for academic work taken after my acceptance into the M.S. program, if any.

I wish to submit the following information for consideration by the review committee:

**Extracurricular Activities:** List memberships (specify year(s) of membership and appointed or elected offices). Use separate sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Honors:** List scholarships and honors received. Use separate sheet if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Paid work experiences in the past 5 years:** List paid work experience beginning with the most recent. Use separate sheet if necessary.

## Graduate Admission Prerequisites Information

Please indicate where and when you took the following prerequisites courses. Also, indicate how many quarter or semester hours of credit you earned and the final grade earned for that course.

Required Prerequisite	Course Title, Prefix and Number	College or University	Quarter or Semester Taken	Hours or Credits & Grade
Inorganic Chemistry	<i>example:</i> Chem 1151K	Georgia State	Fall 2006	4 hrs/A
Organic Chemistry				
Human Anatomy				
Human Physiology				
<b>*Biochemistry</b>				
<b>*Normal Nutrition (Metabolism)</b>				

Coursework in inorganic chemistry, organic chemistry, human anatomy and human physiology must be completed prior to applying to the MS in Health Sciences with a concentration in Nutrition.

\*The courses in biochemistry and normal nutrition and metabolism should be no more than 10 years old at the time of entry into the Master of Science degree program in Nutrition and are prerequisites to graduate coursework. The courses in biochemistry (NUTR 3700) and normal nutrition (NUTR 3500) may be taken after acceptance into the graduate program.

Students wishing to complete or update the prerequisites, can contact the Office of Undergraduate Admissions at (404) 651-2365 to request an application for postbaccalaureate status. Under this undergraduate status, a student can complete or update these essential prerequisites before applying for graduate admission. The corresponding GSU courses are Biol 1110K, Biol 1120K, Chem 1151K and Chem 1152K.

This section must be completed by all applicants. Please print clearly.

Name \_\_\_\_\_ U.S. Social Security Number \_\_\_\_\_  
Last (family name) First Middle

Address \_\_\_\_\_ Length of time at this address \_\_\_\_\_  
Number/Street Years/Months

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Telephones: (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_  
Area Code Home Area Code Other

Place of Birth \_\_\_\_\_  
City State Country

Country of Citizenship \_\_\_\_\_

If not U.S. Citizen, VisaType \_\_\_\_\_  
**(Attach a copy of both sides of your Permanent Resident Alien Card, 1-94, or other visa paperwork.)**

For the purpose of establishing Georgia residency for tuition and fee payment, your legal residence is your permanent home. Not only must you live in Georgia but you must remain indefinitely. The durational requirement for Georgia residency under the Board of Regents' regulation is 12 months immediately before the semester for which you intend to enroll. If you entered Georgia to attend an educational institution, the time in school is not normally counted toward the 12-month residency requirement. If you have any questions, please feel free to call 404/651-2365 or e-mail the university's residence auditor at [admissions@gsu.edu](mailto:admissions@gsu.edu).

I wish to be considered a Georgia resident for tuition and fee payment purposes:

- Yes (You must complete the resident information on the reverse side of this form.)**
- No (You must complete the information below.)**

## NON-GEORGIA RESIDENTS

If you do not consider yourself to be a Georgia resident, please list your home state (if U.S.) or country \_\_\_\_\_ and please sign here \_\_\_\_\_ Date \_\_\_\_\_

The Board of Regents offers waivers of the non-resident fees based on certain circumstances. Please indicate if you feel that you may qualify for a waiver of the nonresident fees based upon:

- employment as a full-time teacher (by you or a supporting parent) in the Georgia public school system
- full-time employment in the University System of Georgia (by you, a spouse or a supporting parent)
- employment as a career consular officer (by you, a spouse or a supporting parent)
- marriage to and dependence on a Georgia resident (for 12 months)
- dependence on a parent or guardian who has been a resident for 12 months
- military active duty in Georgia (by you, a spouse or a supporting parent); this includes commissioned officers in the Public Health Service stationed in Georgia on active duty

**GEORGIA RESIDENTS CONTINUE ON REVERSE SIDE**

NAME: \_\_\_\_\_

**GEORGIA RESIDENTS**

I have lived continuously in GA since \_\_\_\_\_  
month day year

I currently reside in \_\_\_\_\_ County, GA.

**Please indicate all situations that apply in your case:**

- (A) I am an independent person who has not been claimed as a dependent on anyone else's income tax return and provided more than 50% of my income/financial support and I have maintained legal residence in Georgia (including payment of Georgia taxes) for the 12 months prior to the semester for which I intend to enroll.
- (B) I am the child of a Georgia resident or the spouse of a Georgia resident who has maintained legal residence in Georgia for the 12 months prior to the semester for which I intend to enroll.
- (C) I have a legal guardian who has maintained legal residence in Georgia for the 12 months prior to the semester for which I intend to enroll.
- (D) I (or my parents) am in the U.S. military and the home of record is Georgia. The income taxes are filed with and paid to the State of Georgia.
- According to the U.S. Immigration and Naturalization Service, I am a Permanent Resident Alien or other legal alien granted indefinite stay and I also qualify for  A  B  C  D above (I will attach a copy of my visa paperwork: 1-20, 1-55, 1-51, passport, etc.)

**Please note:**

**The following circumstances alone do not constitute sufficient evidence to effect classification as a resident under Regents' policies but may assist in determining your residency.**

Do you:

have a driver's license?  Yes  No

If yes, in which state is it registered? \_\_\_\_\_

own a motor vehicle?  Yes  No

If yes, in which state is it registered? \_\_\_\_\_

have a voter registration?  Yes  No

If yes, in which state are you registered? \_\_\_\_\_

have a checking or savings account?  Yes  No

If yes, in which state is it registered? \_\_\_\_\_

If you answered yes to any of the above and the state is not Georgia, please attach an explanation and return it with this form.

If you did not graduate from a Georgia college or came to Georgia in the last two years, please tell us why you came to Georgia and your plans for the future.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all employment for the past two years:

Employer	Location (City and State)	From (month/year)	Dates To (month/year)	Full-time (Approx. # of hours per week)	Part-time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List all educational institutions attended during the past two years:

Institution	Location (City and State)	From (month/year)	Dates To (month/year)	Full-time (Approx. # of hours per week)	Part-time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I, the undersigned, hereby affirm the authenticity of the information provided. I understand that any false or misleading information may result in denial of admission or expulsion from the university. I further understand that it may also cause me to be billed for the nonresident fees.

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