

# GRADUATE REENTRY APPLICATION

\$25 Reentry application Fee



Office of Academic Assistance,  
College of Health and Human Sciences  
P.O. Box 3995, Atlanta, GA 30302-3995  
Phone: 404-413-1000 Fax: 404-413-1001

Reentry term:  Spring (Jan-May)  Summer (May-Aug)  Fall (Aug-Dec) Year \_\_\_\_\_

Name \_\_\_\_\_  
*Last First Middle Former Any other names used*

Panther Number \_\_\_\_\_ Sex:  Male  Female Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Visa Type \_\_\_\_\_  
*Month Day Year*

Address \_\_\_\_\_  
*Street Address or Box Number City State Zip Code*

Home Phone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Phone Number ( ) \_\_\_\_\_ Extension \_\_\_\_\_

Have you ever been convicted of any criminal offense other than a minor traffic violation?  No  Yes  
*(If yes, attach a notarized statement including dates, circumstances, etc., for all convictions.)*

Program of Study:  Master's in \_\_\_\_\_  
 PhD in \_\_\_\_\_  Certificate in \_\_\_\_\_

First term at Georgia State \_\_\_\_\_ Last term at Georgia State \_\_\_\_\_

List of schools attended since last enrolled at Georgia State:  
Please submit all transcripts to the Office of Academic Assistance:

Name of School	Enrolment Period		Check Type of Coursework
	From	To	
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate

● Attach a separate sheet if necessary.

Residence Information for Fee-Paying Purposes:  
State of Residence \_\_\_\_\_ How long have you continuously resided in Georgia? From \_\_\_\_\_ To \_\_\_\_\_

Where do you pay property taxes? \_\_\_\_\_ Where are you registered to vote? \_\_\_\_\_

List your employment history for the previous 12 months:

Name of Employer	Dates of Employment		Full or Part time	State
	From	To		

If you filed a Georgia Individual Income Tax Return as a resident of Georgia, what was last year filed? \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date form was completed and signed**

Any omission or misrepresentation of facts or failure to furnish the correct information the Office of Academic Assistance will automatically invalidate the readmission of any student.