

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

Birth date _____ Country of Birth _____
Month Day Year

HAVE YOU EVER BEEN FOUND GUILTY FOR VIOLATIONS OF A FEDERAL, STATE OR MUNICIPAL LAW, REGULATION OR ORDINANCE OTHER THAN MINOR TRAFFIC VIOLATIONS? No Yes (please attach typed explanation including dates and circumstances)

Program for which you are applying:

Criminal Justice

Master of Science

Nursing

- Master of Science
- 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
- 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/Dietetic Internship Combined
- Dietetic Internship

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 |
|---------------------|----------------------------|----------|-------------|-----------|---------------------------------------|--------------------------|
| | | | | | | |
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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? _____

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: _____

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.



College of Health and Human Sciences Nondegree Application Form

Graduate nondegree status is available under some programs in the College of Health and Human Sciences. A student is admitted to this status at the option of the department/school concerned; some units do not offer courses for nondegree students. Under this category, a student is limited to 12 semester hours of graduate course work and must obtain permission to enroll in desired courses each semester. Admission to non-degree status does not warrant admission to any degree program.

NAME _____ SSN _____

Term of Enrollment _____

Please list the course(s) you intend to take.

Course 1 _____

Course 2 _____

Course 3 _____

Course 4 _____

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.

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 _____