

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 _____
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/Integrated 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

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.

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 _____



Division of Respiratory Therapy
School of Health Professions
College of Health and Human Sciences

INTEGRATED MASTER OF SCIENCE RESPIRATORY THERAPY APPLICATION

Name _____

Social Security Number _____
(will be used as your permanent Georgia State student ID number)

Do you have a degree? Bachelor's _____ Master's _____ Date Degree Awarded _____
Degree from _____ Major _____
(Name of School)

If you have not completed your bachelor's degree, please provide the following:

Date Degree Expected _____

Degree from _____ Major _____
(Name of School)

Current Address _____
Street City State Zip

Current Until _____ Phone Number _____
(where you can be contacted)

Permanent Address _____
Street City State Zip

Permanent Phone Number _____

Cell Phone _____

Preferred address for correspondence: Current _____ Permanent _____

Email Address _____
(where you can be contacted. ALL CAPS PLEASE)

Have you scheduled/attended the required Faculty Advisement Seminar? ___Yes Date _____
Dates available at <http://chhs.gsu.edu/cardio/> ___No

SUPPLEMENTAL INFORMATION

We would appreciate your response to the following questions. Your answers will help us in marketing and recruitment activities.

How did you learn about the Respiratory Therapy Program at Georgia State University? Please check all that apply.

____ Referral: Name _____

____ Graduate Recruitment Fair

Web Sites:

____ www.gsu.edu (Georgia State University)

____ www.aarc.org (American Association for Respiratory Care)

____ Other _____

Please be aware that when you apply to sit for the Composite State Board of Medical Examiners licensing examination (RRT) upon graduation, you will be asked to respond to a question regarding any violations of federal, state, or local law. You may be required to provide documentation to the Board explaining any such occurrence. The Composite State Board of Medical Examiners has the exclusive authority to issue a license for the Registered Respiratory Therapist and could decline to issue such a license based on an applicant's prior criminal record. For further information regarding this requirement please contact the Composite State Board of Medical Examiners at (404) 463-2292, or any other state licensing board where practice is contemplated.

I am aware that the integrated MS Respiratory Therapy program combines the undergraduate and graduate curriculum together which allows graduates to enter the Respiratory Therapy profession. Your signature indicates that you have read, are aware of, and understand the requirements or conditions listed in this application packet and application instructions. Failure to sign below invalidates the application.

Signature

Date

Division of Respiratory Therapy
 School of Health Professions
 College of Health and Human Sciences



Integrated Master of Science Respiratory Therapy
 Prerequisite Form

The following prerequisites are **required**. A minimum grade of “C” is required. Please indicate when you have taken or are planning to take the following courses. Completing this form does not replace the need for transcripts. If you are presently enrolled in any of these courses, you should submit additional transcripts after completion of the course(s). For repeated courses, list both grades. If you are accepted prior to completion of your bachelor’s degree, you will also need to submit a final transcript before beginning the program in August.

Name _____ SSN _____

Prerequisite	Course Prefix, Number and Title	College or University	Term	Grade
Statistics				
Anatomy & Physiology I				
Anatomy & Physiology II				
Chemistry I				
Chemistry II				
Microbiology				
Physics I				