



Middle Georgia State University

GEORGIA ACADEMY APPLICATION

No application fee is required

Mailing Address: Admissions Office, 1100 Second Street, Cochran, Georgia 31014-1599

Phone (478) 934-3471

Website: www.mga.edu

Email: GeorgiaAcademy@mga.edu

TERM YOU PLAN TO ENTER: [] Spring 20__ [] Summer 20__ [] Fall 20__

PERSONAL INFORMATION: Please print clearly in blue or black ink

Social Security Number (required): _____ - _____ - _____ Birth Date: ____/____/____

Name: _____ Last First Middle

Mailing Address: _____ PO Box #/ Street Apt# (if applicable)

City State Zip County

Telephone: Home (____) ____ - _____ Cell (____) ____ - _____

Email Address: _____

BIOGRAPHICAL INFORMATION:

Gender: [] Male [] Female

State of Birth: _____ County of Birth: _____

BIOGRAPHICAL INFORMATION (continued):

Ethnicity:

- [] American Indian/Alaskan Native
[] Asian
[] Multiracial (Check all that apply)
[] Black
[] Native Hawaiian/Pacific Islander
[] White

Are you Hispanic or Latino:

- [] Yes
[] No

Citizenship Status:

- [] U.S. Citizen by Birth
[] U.S. Citizen by Naturalization (provide Cert. of Naturalization)
[] Alien Resident (Alien Resident must attach a copy of both sides of Alien Registration Card.)
[] Alien, Non- Resident -- List Current VISA Type: _____
Country of Citizenship (if not the USA) _____

PARENTS CONTACT INFORMATION:

Father's Name: _____ Phone: _____

Address: _____ Email: _____

Mother's Name: _____ Phone: _____

Address: _____ Email: _____

HIGH SCHOOL INFORMATION:

Name of High School City State Graduation Date

DEGREE YOU WISH TO PURSUE (be specific):

RESIDENCY INFORMATION:

1. University System of Georgia students are responsible for registering under the proper tuition classification. In general, classification of in-state status for tuition purposes requires an individual to have established domicile in Georgia for a minimum of 12 consecutive months, immediately preceding the first day of classes for the term in which the student plans to enroll.
2. Domicile is defined as a person's present, permanent home where the individual intends to stay indefinitely and to which that individual returns following periods of temporary absence. Temporary residence does not constitute the establishment of one's domicile.
3. Residency is defined as the state and country where an individual currently lives. An individual may reside in Georgia without having established domicile in Georgia.
4. Please note that this brief explanation of residency does not encompass all the rules on residency. If the applicant is in doubt about residency status, please contact the Admissions office.
5. The Board of Regents of University System of Georgia (USG) has recently instituted new policies that affect all applicants who seek in-state tuition at USG institutions. According to USG policy, individuals who apply, or are re-entering, for Fall 2011 and beyond must submit documentation of US citizenship or permanent residency before being considered for in-state tuition.

Are you applying for in-state tuition? Yes No

State of Legal Residence _____

How long have you resided in Georgia? ____ years ____ months

Have you ever lived outside of the State of Georgia? Yes No

If yes, how long have you continuously resided in Georgia? ____ years ____ months

Are you dependent of active duty? Yes No

If yes, which branch? Air Force Army Coast Guard Marine Navy

Which component? Active Reserve National Guard

Current Status? Discharged Retired Serving

BACKGROUND INFORMATION:

Have you ever been convicted of a crime other than a minor traffic violation? Yes No
Are there any criminal charges currently pending against you? Yes No

FAMILY HISTORY:

Did your parent (or parents) receive a four-year college degree? Yes No
If yes, 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 (e.g., GED).
- C - Some college but no formal award.
- D - Certificate, less than an Associate's degree.
- E - Associate's degree (A.A., A.S., etc.).
- F - Bachelor degree (BA,BS, etc.)
- G - Master's degree (M.A., M.S., etc.).
- H - Doctoral/Professional degree (Ph.D., M.D., J.D., etc.).
- I - Unknown

I understand that any material false statement 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 than 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.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

ESSAY AND REFERENCES:

- ❖ Please compose and include an essay of at least 350 words on the following topic - “My Autobiography Written in the Year 2035”.
- ❖ Include attached reference forms.
 - Your teacher’s must complete the attached reference forms. They can be returned to us by mail or included with this application in sealed envelopes.
- ❖ Attach a list of any high school honors or awards received.
- ❖ Attach a list of your club, athletic, community, and volunteer activities.
- ❖ Have your high school counselor send us an academic transcript including your ACT or SAT test scores.



Middle Georgia State University

(www.mga.edu)

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Phone (478) 934-3471

FINANCIAL AGREEMENT AUTHORIZATION: READ CAREFULLY - THIS IS A LEGALLY BINDING AGREEMENT (Rev. 2/8/18)

In exchange for the opportunity to enroll in courses at Middle Georgia State University (MGA) and to receive educational and other services, I understand and agree to the following terms and conditions:

I understand and agree:

1. To pay all tuition and fees when due to Middle Georgia State University (including, but not limited to, tuition, mandatory student fees, room and board). I understand that my eligibility to register for courses is expressly conditioned upon my agreement to pay all fees and tuition when due.
2. That I am personally responsible for payment of all sums when due regardless of my eligibility for financial aid or other financial assistance.
3. That my failure to pay any sums when due to Middle Georgia State University may result in the submission of my account to a collection agency, in which case, I agree to pay all fees and expenditures related to the collection efforts of my account, based on a maximum percentage at a maximum of 15% of the debt.
4. That failure to pay any sums when due to Middle Georgia State University will result in the placement of a hold on my student account until I have paid all fees and expenditures related to the collection efforts of my account based on a maximum percentage of 15% of the debt. A hold on my student account will prevent me from registering for courses and obtaining transcripts.
5. That I authorize Middle Georgia State University or anyone working on behalf of MGA, including third party vendors, to contact me regarding my student account or records at the number labeled as cellular, wireless or text using automated telephone dialing equipment or pre-recorded voice or text messages. Provision of my current number and future updates to my number constitute my express permission to receive informational messages. Enrollment messages will be labeled Enrollment Alert, while messages regarding campus safety or emergencies will be labeled Knight Alert. To opt out of receiving one or both of these, please indicate your preferences by accessing your SWORDS account and selecting "*Personal Information*" and then "*Update Addresses and Phones*".
6. That I will provide my Social Security number (SSN) or taxpayer identification number (TIN) to Middle Georgia State University upon request as required by Internal Revenue Service (IRS) regulations for Form 1098-T reporting purposes. If I fail to provide my SSN or TIN to Middle Georgia State University, I agree to pay any and all IRS fines assessed as a result of my missing SSN/TIN. I consent to receive my annual IRS Form 1098-T, Tuition Statement, electronically from Middle Georgia State University. I understand that if I do not consent to receive my Form 1098-T electronically, a paper copy will be provided. I understand that I can withdraw this consent or request a paper copy by contacting the Bursar's Office at (478) 471-2705.

I further understand and agree that my authorization to enroll in courses at Middle Georgia State University is expressly conditioned upon acceptance of all terms and conditions set forth in this Agreement.

Student Name

MGA ID

Student Signature

Date

Parent Name

Parent Signature

Date

Degrees offered at Middle Georgia State University

Certificates

Aircraft Structural Technology
Aircraft Structural Worker
Airline Management
Airport Management
Aviation Maintenance Tech Airframe
Aviation Maintenance Tech Airframe and Powerplant
Aviation Maintenance Technology Powerplant
Commercial Pilot Airplane
Commercial Pilot Helicopter
Criminal Justice
Cybersecurity
European Union Studies
Financial Technology
Flight Instructor Airplane
Flight Instructor Helicopter
Flight Technology Airplane
Flight Technology Helicopter
Gerontology
Instrument Pilot Rating Airplane
Multi-Engine Pilot Airplane
Network Administration
Unmanned Aerial Systems Operator
Web Design

Associate of Art

Visual Art
Foreign Language
Music

Associates of Applied Science

Air Traffic Management
Aircraft Structural Technology
Aviation Maintenance Technology

Associate of Science

Criminal Justice
Financial Technology
Health Science
Nursing (Health Science)
Occupational Therapy Assistant (Health Science)
Political Science
Regents Engineering Transfer Program
Respiratory Therapy (Health Science)

Bachelor of Art

Contemporary Musicianship
Early Childhood Special Education (Interdisciplinary Studies)
English
History
Interdisciplinary Studies (BA)
Interdisciplinary Studies (BA) - Gender Studies
Interdisciplinary Studies (BA) - International Studies
Interdisciplinary Studies (BA) - Selected Discipline
New Media and Communication

Bachelor of Art (continued)

Secondary Education (Interdisciplinary Studies) – Biology
Secondary Education (Interdisciplinary Studies) – English
Secondary Education (Interdisciplinary Studies) – History
Secondary Education (Interdisciplinary Studies) - Math

Bachelor of Science

Aviation Science and Mgmt. - Fixed Base Ops
Aviation Science and Mgmt. - Flight
Aviation Science and Mgmt. - Maintenance Management
Aviation Science and Mgmt. - Management
Aviation Science and Mgmt. - Advanced Flight Helicopter
Aviation Science and Mgmt. - Advanced Flight Airplane
Aviation Science and Mgmt. - Logistics Management
Aviation Science and Mgmt. - Space Flight
Biology
Business Administration
- Accounting, General Business, Management, Marketing,
Production/Operations Management
Criminal Justice
Health Services Administration -Long Term Care
Health Services Administration -Clinical Practice Management
Health Services Administration -Sports and Fitness Management
Interdisciplinary Studies (BS)
Interdisciplinary Studies (BS) -Application of IT in Healthcare
Interdisciplinary Studies (BS) -Cybersecurity
Interdisciplinary Studies (BS) -IT in Business
Interdisciplinary Studies (BS) -Selected Discipline
Interdisciplinary Studies (BS) -Understanding Healthcare System
Information Technology
Information Technology – Critical Infrastructure
Information Technology -Cyberforensics
Information Technology -Cybersecurity
Information Technology -Informatics Health
Information Technology -Integrated Digital Media & Game Design
Information Technology -Network Technology and Admin
Information Technology -Software Engineering
Information Technology -Web Application Development
Mathematics
Nursing - Pre-Licensure (Health Services Administration)
Nursing - RN to BSN (Health Services Administration)
Online - Information Technology
Online - Information Technology -Cyberforensics (Conc)
Online - Information Technology -Cybersecurity (Conc)
Online - Information Technology -Integ.Digital Media & GameDesign
Online - Information Technology -Network Tech and Admin
Online - Information Technology -Software Engineering
Online - Information Technology -Web Application Development
Political Science
Psychology
Public Services/Human Services
Rehabilitation Science
Respiratory Therapy (Health Services Administration)
Respiratory Therapy Entry
Technical Management (BAS)

HIGH SCHOOL COUNSELOR EVALUATION

APPLICANT (complete this section prior to giving to your counselor)

Last Name

First Name

Middle Name

Street Address/P.O. Box

Apt# (if applicable)

City

State

Zip

Telephone: Home (____) ____-____ Cell (____) ____-____

As a prospective student of the Georgia Academy, I grant permission to release all school data in support of my application to the Georgia Academy, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Applicant Signature

Date

As a parent/guardian of the named applicant, I grant permission to release all school data in support of my son's/daughter's application to the Georgia Academy, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature

Date

COUNSELOR

How familiar are you with the student applying for admission to the Georgia Academy regarding his/her ability, motivation, and maturity?

Very Familiar

Somewhat Familiar

Not Familiar (Please answer the next two questions and sign on the reverse side.)

Does the student have any infractions on his/her disciplinary record? No Yes (If yes, please attach the disciplinary record.)

This student ranks ____ out of ____.

We do not rank. This student is in the top ____ percentile of his/her class.

Concerning this applicant's academic success at the Academy, I am:

Confident

Ambivalent

Concerned

Concerning this applicant's social success at the Academy, I am:

Confident

Ambivalent

Concerned

RATINGS

Please circle the appropriate response for each quality possessed by the student:

Motivation	Outstanding	Above Average	Average	Below Average
Maturity	Outstanding	Above Average	Average	Below Average
Leadership	Outstanding	Above Average	Average	Below Average
Social	Outstanding	Above Average	Average	Below Average
Emotional	Outstanding	Above Average	Average	Below Average
Ehtics	Outstanding	Above Average	Average	Below Average

COMMENTS

Please provide comments concerning this applicant in general and on your thoughts of his/her applying to the Georgia Academy:

SIGNATURE

Counselor Signature

Date

Counselor Printed Name

High School

Thank you for taking the time to complete this form.

**Please return this completed form to the applicant in a signed, sealed envelope or mail to:
Admissions Office, 1100 Second Street, Cochran, Georgia 31014**

HIGH SCHOOL SCIENCE TEACHER EVALUATION

APPLICANT (complete this section prior to giving to your teacher)

Last Name

First Name

Middle Name

Class taken with this teacher

Grade Earned

I took this class in 9thGrade 10thGrade

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Applicant Signature

Date

As a parent/guardian of the named applicant, I grant permission to release all school data in support of my son's/daughter's application to the Georgia Academy, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature

Date

COUNSELOR

How long have you known this applicant? _____

In what high school class did you teach this applicant? _____

Does this applicant have a problem with tardiness? No Yes

If yes, please explain: _____

Does this applicant have a problem with absenteeism? No Yes

If yes, please explain: _____

Concerning this applicant's academic success at the Academy, I am:

Confident

Ambivalent

Concerned

Concerning this applicant's social success at the Academy, I am:

Confident

Ambivalent

Concerned

RATINGS

Please circle the appropriate response for each quality possessed by the student:

Potential	Outstanding	Above Average	Average	Below Average
Maturity	Outstanding	Above Average	Average	Below Average
Leadership	Outstanding	Above Average	Average	Below Average
Social	Outstanding	Above Average	Average	Below Average
Inquisitiveness	Outstanding	Above Average	Average	Below Average
Persistence	Outstanding	Above Average	Average	Below Average
Work Ethic	Outstanding	Above Average	Average	Below Average
Self Confidence	Outstanding	Above Average	Average	Below Average
Respect for Others	Outstanding	Above Average	Average	Below Average

COMMENTS

Please provide comments concerning this applicant in general and on your thoughts of his/her applying to the Georgia Academy:

SIGNATURE

Science Teacher Signature

Date

Science Teacher Printed Name

High School

Thank you for taking the time to complete this form.

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HIGH SCHOOL MATH TEACHER EVALUATION

APPLICANT (complete this section prior to giving to your teacher)

Last Name

First Name

Middle Name

Class taken with this teacher

Grade Earned

I took this class in 9thGrade 10thGrade

As a prospective student of the Georgia Academy, I grant permission to release all school data in support of my application to the Georgia Academy, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Applicant Signature

Date

As a parent/guardian of the named applicant, I grant permission to release all school data in support of my son's/daughter's application to the Georgia Academy, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature

Date

COUNSELOR

How long have you known this applicant? _____

In what high school class did you teach this applicant? _____

Does this applicant have a problem with tardiness? No Yes

If yes, please explain: _____

Does this applicant have a problem with absenteeism? No Yes

If yes, please explain: _____

Concerning this applicant's academic success at the Academy, I am:

Confident

Ambivalent

Concerned

Concerning this applicant's social success at the Academy, I am:

Confident

Ambivalent

Concerned

RATINGS

Please circle the appropriate response for each quality possessed by the student:

Potential	Outstanding	Above Average	Average	Below Average
Maturity	Outstanding	Above Average	Average	Below Average
Leadership	Outstanding	Above Average	Average	Below Average
Social	Outstanding	Above Average	Average	Below Average
Inquisitiveness	Outstanding	Above Average	Average	Below Average
Persistence	Outstanding	Above Average	Average	Below Average
Work Ethic	Outstanding	Above Average	Average	Below Average
Self Confidence	Outstanding	Above Average	Average	Below Average
Respect for Others	Outstanding	Above Average	Average	Below Average

COMMENTS

Please provide comments concerning this applicant in general and on your thoughts of his/her applying to the Georgia Academy:

SIGNATURE

Math Teacher Signature

Date

Math Teacher Printed Name

High School

Thank you for taking the time to complete this form.

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