



# Application for Master of Arts in Teaching Secondary Education

*A non-refundable application fee of \$40 is required.*

Office of Graduate Studies  
c/o Liz Douglas  
Suite 217, Academic Services Bldg.  
Middle Georgia State University  
100 University Boulevard  
Warner Robins, Georgia 31093

478.929.6865  
Fax # 478.929.6714  
graduateadmissions@mga.edu  
http://www.mga.edu/graduate-studies

Please type into the form.

GaPSC Certification Number: \_\_\_\_\_

Social Security Number (Required) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Legal name \_\_\_\_\_ Name on Transcript \_\_\_\_\_  
Last First Middle (if different from legal name)

Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ COUNTY \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
Cell Phone \_\_\_\_\_

I authorize MGA to send me SMS text messages.

Personal Email: \_\_\_\_\_

## II. BIOGRAPHICAL INFORMATION

Gender: Male Female

Are you Hispanic? Yes No

What is your race? American Indian Alaska Native Asian Black or African American  
(choose one or more) Native Hawaiian or other Pacific Islander White Other

(for statistical data purposes only. Information supplied to accrediting agencies)

The Board of Regents of University System of Georgia (USG) policy states that all applicants who seek in-state tuition at USG institutions must submit documentation of US citizenship or permanent residency before being considered for in-state tuition. **See the Document List for Verification of Lawful Presence.**

Citizenship Status: **U.S. Citizen by Birth**  
(\*Please attach copy of birth certificate, passport, or GA driver's license)

**U.S. Citizen by Naturalization\***  
(\*Please attach copy of certificate)

**Alien, Non-Resident**  
Visa Type

**Permanent Resident\*\***  
(\*\*Please attach copy of both sides of Alien Registration Card)

Country of Citizenship (if not U.S.A.) \_\_\_\_\_

Place of Birth \_\_\_\_\_



**Are you active duty military stationed in GA?**    Yes    No

**Are you dependent of active duty?**    Yes    No

**Are you or will you be at the time of enrollment a current member or veteran of the U.S. Armed Forces?**    Yes    No

IF YES, which branch?    Air Force    Army    Coast Guard    Marine    Navy

Which component?    Active    Reserve    National Guard

Current Status?    Discharged    Retired    Serving

**Have you applied to this institution before?**    Yes    No    If yes,    /

**Have you ever attended this institution before?**    Yes    No    If yes,    /

**How did you learn of graduate programs at Middle Georgia State University?**

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.

**DATE**

**SIGNATURE OF APPLICANT**

Applicant Name: \_\_\_\_\_

Please use this space to include any additional schools you attended if space above was not sufficient.

Print Form