



Application for Admission

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

Office of Graduate Studies
 c/o Liz Douglas
 Middle Georgia State University
 100 University Blvd, Suite 217
 Warner Robins GA, 31093

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

Please type into the form.

Social Security Number (Required) _____ Date of Birth _____

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

Mailing Address _____ Home Phone _____
Street or P.O. Box

CITY _____ STATE _____ COUNTY _____ ZIP CODE _____

Cell Phone _____
 I authorize MGA to send me SMS text messages.

Email Address _____

II. BIOGRAPHICAL INFORMATION

Gender: Male Female **Marital Status:** Single Married Divorced Separated

Are you Hispanic? Yes No

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

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 _____

BACKGROUND INFORMATION

Have you ever been convicted or have charges pending of any criminal offense other than a minor traffic violation? Yes No

Have you ever been disciplined, suspended, or expelled or do you have pending charges from another college or university? Yes No

Applicant Name: _____

IV. ENROLLMENT INFORMATION

Select Track: Health Informatics Information Security & Digital Forensics Software Development

Term you plan to attend: _____ Year _____ I plan to attend: Full-Time Part-Time

Official transcripts from EACH previous college attended must be mailed/e-scripted directly to the Graduate Office from the sending institution.

Complete Name of School	Location (City/State)	Year Attended		Graduation month/year	Degree Earned
		from	to		
Last College Attended**					
Previous College					
Previous College					
Previous College					
Previous College					

Please attach other colleges attended to this application if more room is needed.

Failure to list all school information will impact acceptance.

****Are you currently enrolled at your last college?** Yes No

Have you taken the GRE? Yes No Date Taken _____

Verbal Reasoning Score _____ Quantitative Score _____ Analytic Writing Score _____

Please have official scores sent to the institution.

V. TUITION CLASSIFICATION INFORMATION

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. 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. 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.

Are you applying for In-State Tuition? Yes No

How long have you established and maintained domicile in Georgia? _____ yrs. _____ mos

How long have you lived in the USA? _____ yrs. _____ mos **If GA resident, county of residence:** _____

If you are an international student, will you need an I-20 Certificate of Eligibility? Yes No

Have you established and maintained legal residence in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plan to enroll? Yes No

If you are under the age of 24, has a parent(s) or US court-appointed legal guardian established and maintained legal residence and domicile in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which you plan to enroll? Yes No

Applicant Name: _____

If you answered "yes" to either of the prior questions, all of the following must be answered:

What is your Georgia County of residence? _____

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

If you have ever lived outside the state of Georgia and now live in Georgia, how long have you continuously lived in the state of Georgia at this time?

_____ yrs. _____ mos

Have you graduated or will you graduate from a Georgia high school? Yes No

Did you (or your parents if you are claimed as a dependent) file a state income tax return this past year? Yes No

If yes, in which state did you file? _____

From what state is your driver's license issued? _____

From what state is your motor vehicle registration issued? _____

From what state is your voter registration issued? _____

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 additional information needed to complete the application. You may include any additional schools you attended in this space as well.

Print Form