



- Please print all information and check the appropriate boxes
A one-time \$50 application fee is required.

APPLICANT INFORMATION

Social Security Number (Required of all applicants)

Name Last First Middle Sr., Jr., Etc.

Permanent Address Number and Street Work Phone (Include Area Code) Home Phone (Include Area Code)

City State Zip Country (If not U.S.)

Mailing Address (or check if same as above) Number and Street Telephone (Include Area Code)

City State Zip Country (If not U.S.)

Former/Maiden Name (if applicable)

Personal Email Address

Date of Birth

Sex

Citizenship Status

Ethnic Origin

Month, Day, Year

- Male
Female

- U.S. Citizen
Non-Resident Alien - A student who is not a U.S. Citizen or U.S. Permanent resident, must submit an International Application
Resident Alien (Permanent Resident) (If Resident Alien, attach form I-551: Permanent Visa Card)

- Are you Hispanic or Latino?
Yes No
White
Asian
Black or African American
American Indian or Alaskan Native
Native Hawaiian or Other Pacific Island

Native Language

- English
Other Specify

County of Permanent Address Country of Citizenship

Residency Status: Are you applying for In-State Tuition? Yes No

Are you a legal resident of Georgia? Yes, How long? Years / Months No, Resident of what state?

Are you a legal resident of Chambers, Lee, or Russell County in Alabama? County Yes, How long? Years / Months No

Have you or your parents filed a Georgia Income Tax Return as a resident of Georgia? Yes, Last year filed? No

Are you currently active duty military or a dependent of someone who is active military? Yes No Home State of Record:

If currently active duty or a dependent of someone who is active duty, are you stationed in Georgia? Yes No

Are you registered to vote in the state of Georgia? Yes No

Do you hold a drivers license issued by the State of Georgia? Yes No

Note: For fee assessment purposes, documentation to support the above statements may be required

EMERGENCY INFORMATION

Name _____
Last
First
Middle
Sr., Jr., Etc.

Telephone Number (include area code) _____

ACADEMIC INFORMATION

Year and semester you plan to attend: Fall 20____ Spring 20____ Summer 20____
 Classification: Degree Seeking Transient Audit Non-Degree*
 *(Restrictions apply - re-certification or endorsement)

[Click here for a list of degree options](#)

Intended Program of Study _____ Degree Objective _____

Do you hold a valid teaching certification? Yes No If yes, what state? _____

Type (level) of certification _____ Area (field) of certification? _____

What is the name of the school district you are currently employed? _____

What is the name of the school where you are currently employed? _____

All previous educational experience

(Include prior attendance at Columbus State University. Failure to list all institutions previously attended may result in academic exclusion or loss of transfer credit.)

Institution	Location City, State	Attendance From/To	Graduation Date	Degree Obtained/Hours Completed
Last College				
College				
College				
College				
College				
College				

ADDITIONAL INFORMATION

1. Have you ever applied to CSU as an undergraduate or graduate student? Yes No If yes, date _____ , _____
2. Have you ever been enrolled at CSU as an undergraduate or graduate student? Yes No
3. Are you currently enrolled in the last institution attended? Yes No If yes, request final transcript be sent to the CSU Admissions Office.
4. Telephone number where you can be reached during the day _____
5. State briefly why you want to attend CSU _____
6. Have you ever been convicted of any criminal offense other than a traffic violation or do you have charges pending? Yes, explain on a separate sheet. No
7. If you are part of the military community, please answer the question(s) below that best fit your status:

Are you Active Duty Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Or are you a dependent of someone who is Active Military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Or are you a dependent of someone who is a Reservist?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Or are you a dependent of someone who is a Veteran?	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you will need any special services while on campus because of a disability, please contact our Office of Disability Services at 706-507-8755.

CERTIFICATION

All applications and documents required must be received in the Admissions Office by the published deadline date.

I agree to abide by Columbus State University Regulations.

I understand that any material false statements 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 that 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.

Further, I certify that by electronically signing my name, I grant CSU permission to process this official application as a potential student.

Signature _____ Date _____



COLUMBUS STATE
UNIVERSITY

Graduate Admission Application

Admissions Office • Columbus State University • 4225 University Avenue
Columbus, Georgia • 31907-5645 • (706) 507-8800