



**East Georgia College**  
 Office of Admissions  
 131 College Circle  
 Swainsboro GA, 30401  
 (478) 289-2017 (P) (478) 289-2140 (F)

## Change of Campus Location

1. Change of campus locations **must be completed and submitted for review no less than 2 weeks** prior to the start of the term.
2. If you are requesting a change to attend the Statesboro Site, we must verify that student is not currently on any type of exclusion or dismissal from Georgia Southern University. **\*Not allowed to attend EGCS and any grades earned will not transfer back to GSU and cannot receive Financial Aid.**
3. If you are requesting attendance at the Statesboro Site, you must complete an application for admission to GSU, pay their \$30 application fee and submit a copy of your Immunization record to the GSU Health Services Department.

Please Print Legibly in Blue or Black Ink (no pencil)

### Personal Information

Student ID Number -- Birth Date //  
 Or Social Security Number Month Day Year

Name: \_\_\_\_\_  
 Last First Middle Maiden

Mailing Address: \_\_\_\_\_  
 PO Box #/ Street Apt# (if applicable) City State Zip

Physical Address: \_\_\_\_\_  
 Street Apt# (if applicable) City State Zip

Telephone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

### Change Campus to (check one):

Term Requesting:  Fall 20\_\_\_\_  Spring 20\_\_\_\_  Summer 20\_\_\_\_

I am requesting to change to the:

\_\_\_\_ Swainsboro Campus  
 Requested Program of Study: \_\_\_\_\_

**\*\*Advisor assignment will be based upon the chosen Program of Study, unless otherwise noted.**

\_\_\_\_ EGC at Statesboro  
**\*\*Please note: ALL students that choose to attend the Statesboro site will automatically have their Program of Study changed to General Studies**

\_\_\_\_ Online Only  
 Requested Program of Study: \_\_\_\_\_  
**\*\*Options are General Studies, Psychology, or Sociology. Campus will be listed as Swainsboro**

### Reason for Change:

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## Residency Information:

**Are you applying for In-State Tuition?**    Yes    No

If "Yes", how long have you have you resided in Georgia? \_\_\_\_\_ Years   \_\_\_\_\_ Months

What is your Georgia County of residence? \_\_\_\_\_

If "No", what is your home state of residence? \_\_\_\_\_

**If you are under the age of 24, has a parent(s) or U.S. court-appointed legal guardian established and maintained legal residency and domicile in Georgia for at least 12 consecutive months?**    Yes    No

If "Yes", how long has your parent/guardian resided in Georgia? \_\_\_\_\_ Years   \_\_\_\_\_ Months

What is your parent/guardian's Georgia County of residence? \_\_\_\_\_

If "No", what is your home state of residence? \_\_\_\_\_

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

If "Yes", where did you live and what dates did you live there? \_\_\_\_\_

Are you applying for On- Campus Housing? (*Swainsboro campus only*)    Yes    No

*I understand that any material false statement knowingly and willingly made 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 form is true and complete.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date