



East Georgia State College
 131 College Circle, Swainsboro GA, 30401
 (478) 289-2017 : (478) 289-2353 FAX

Application Update Form

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

Student ID Number - - Birth Date / /
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: _____

Update Enrollment To:

Term: Fall 20____ Spring 20____ Summer 20____
 Campus: Swainsboro EGSC @ Statesboro EGSC @ Augusta Online Only (coded to Swainsboro)
 Type: Freshman Dual Enrollment Non-Traditional Transient
 Former Student Transfer (30+ hrs) Non-Degree Seeking Post-Baccalaureate

Degree Requested:

If left blank, student will be coded as General Studies.

List ALL Colleges, Universities, or Technical Schools Attended:

Failure to identify former/current institutions is cause for denial or dismissal. Please request transcripts from each institution listed below PRIOR to enrollment.

Name of School	Attendance Period	Last Semester Attended	Hours Completed
College/ Technical:			
College/ Technical:			
College/ Technical:			
College/ Technical:			

Are you ineligible to enroll at any previously attended institutions? Yes No If "Yes", date you will complete studies: _____ / _____
Month Year

Are you on currently on suspension/dismissal/exclusion from any college? Yes No If "YES", which institution? _____

Tuition Classification:

What is your citizenship status? US Born or Naturalized Citizen Non-Resident Alien (VISA/Asylee/Refugee)
 Legal Permanent Resident (Green Card) Undocumented/DACA
Please note: DACA status is not eligible for in-state tuition.

Are you applying for In-State Tuition for tuition purposes? Yes No
 If "Yes", how long have you have you resided in Georgia? _____ Years _____ Months
 What is your Georgia COUNTY of residence? _____

If "No", are you currently a ward of the State of Georgia? Yes No Are you over the age of 18? Yes No
 What is your Georgia COUNTY of residence? _____

Are you the spouse of a Georgia resident who has established residency in Georgia for at least 12 months and has demonstrated financial independence, and is entitled to claim you as an exception for state and federal tax purposes? Yes No

Have you ever lived in another country or in any US state/territory other than the state of Georgia? Yes No

If "Yes", what was your primary reason for moving to the state? _____

Do you have a driver's license or state-issued ID? Yes No

If "Yes", in which U.S. state/territory was it issued? _____

Did you file a **STATE** income tax return in the past year? Yes No Did not file

In what US state/territory did you file a **STATE** income tax return in the past year? _____

Did you file a **FEDERAL** income tax return in the past year? Yes No Did not file

If you are UNDER the age of 24, has your 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 parent/guardian's home state of residence? _____

Has your parent /guardian ever lived in another country or in any US state/territory other than the state of Georgia? Yes No

Does your parent/guardian have a driver's license or state-issued ID? Yes No

If "Yes", in which U.S. state/territory was it issued? _____

Were you claimed as a dependent on your parent's/guardian's **STATE** income tax return in the past year? Yes No Not filed

In what US state/territory did your parent/guardian file **STATE** income tax return in the past year? _____

Did someone else claim you as a dependent on their **STATE** income tax return in the past year? Yes No

Were you claimed as a dependent on your parent's/guardian's **FEDERAL** income tax return in the past year? Yes No Not filed

Did your parent(s) or U.S. court-appointed legal guardian provide you with any financial support in the last year? Yes No

If you are OVER the age of 24, have you established and maintained legal residency and domicile in Georgia for at least 12 consecutive months prior to the beginning of your term of entry? 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? _____

Have you ever lived in another country or in any US state/territory other than the state of Georgia? Yes No

If "Yes", what was your primary reason for moving to the state? _____

Background Information:

Have you been convicted of a crime other than a traffic offense, or are there any criminal charges now pending against you?

Convictions shall include: a finding of guilty by a judge or jury, or a plea of guilty or a plea of nolo contendere, irrespective of the pendency or availability or application for collateral relief. Yes No

If "Yes", please explain fully on a separate page, specifying the nature of the offense(s), the date(s) it/they occurred, the name and location of the court(s) and sentence(s) imposed. Please submit court documentation if appropriate. You will need to submit the Criminal Background Investigation consent form located here: http://www.ega.edu/images/uploads/CBI_Consent_Form.pdf along with a \$25 fee. **Failure to comply may result in your denial of Admission to East Georgia State College!**

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 application is true and complete.

Applicant Signature

Date