

FORMER STUDENT APPLICATION



Return Completed Application To:

East Georgia College
Registrar's Office
131 College Circle
Swainsboro, GA 30401

Direct Questions To:

(478) 289-2014 Main Office
(912) 623-2400 Statesboro
(478) 289-2140 FAX

Application Deadlines:

Fall Semester
July 21

Spring Semester
December 21

Summer Semester
May 21

Must apply by March 1st
for early Summer or Fall
semester registration &
October 1st for early
Spring registration

*East Georgia College
Is an Equal
Opportunity/Affirmative
Action Institution*

Who must complete this application: a student who was previously enrolled at East Georgia College but has not attended for two or more consecutive semesters must apply for re-admission through the Registrar's Office. There is no application fee.

How to Apply: **Applicants Submit the Following:**

- A completed Former Student Application.
- Submit validation of Lawful Presence, if applying for in-state tuition (*see explanation of Lawful Presence below*).
- Provide missing documents, if any, since your last semester of attendance with EGC.
- If you have had a name change since you last attended EGC, you must attach a copy of your updated social security card.
- Submit official transcripts from all colleges (including technical) you attended since your last enrollment at EGC.

Lawful Presence:

The Board of Regents of the University System of Georgia now requires all applicants to USG institutions who seek to be classified as in-state for tuition purposes provide validation of residency and lawful presence in both the State of Georgia and the United States. Our request for this documentation will not affect your admission to EGC, but will determine if you are charged in-state or out-of-state tuition. This change is effective immediately for all applicants beginning Fall Semester 2011 and all subsequent semesters. You can prove your lawful presence in the United States with one or more of the following documents:

- Your completed FAFSA for the current financial aid year.
- A certified copy of your U.S. Birth Certificate showing that you were born in the U.S. or a U.S. territory. *A photocopy is not acceptable.*
- Copy of your current Driver's License issued by the State of Georgia after January 1, 2008.
- Copy of your current ID issued by the State of Georgia after January 1, 2008.
- Copy of your U.S. Certificate of Naturalization (USCIS form N-550 or N-570).
- Copy of your U.S. Certificate of Citizenship (USCIS form N-560 or N-561).
- Copy of your Permanent Resident Card (USCIS form I-151 or I-551)
- Present your current military ID (service member only, not dependent) *A photocopy is not acceptable.*
- Copy of your current U.S. Passport

If you do not provide any of the above documentation, you will be classified as an out-of-state student, must pay out-of-state fees, and will be ineligible to attend the Statesboro Center.

Financial Aid Information

Applicants seeking Financial Aid must complete the Free Application for Federal Student Aid online at www.fafsa.gov listing East Georgia College on the application (Federal School Code --- 010997). Students who are applying for HOPE only will need to complete the HOPE Scholarship Request form (GSFAPPS) online at www.gacollege411.org. Students wishing to receive federal financial aid must be in a degree seeking admission category at East Georgia College.

All tuition and fees are due by the Final Fee Payment Deadline as posted on the EGC Academic Calendar (<http://www.ega.edu/registrar/calendar/>). Whether you are paying for yourself or through financial aid, you are required to adhere to the payment deadline posted for each semester. If you have applied for financial aid and it will not be awarded until after the payment deadline, you will be refunded for any aid you are eligible to receive for the respective semester.



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Personal Information: *Please print legibly in blue or black ink*

EGC Student ID# - - 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: _____

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

Emergency Contact Information:

Name: _____
Last First Middle Relationship to Student

Address: _____
PO Box #/ Street Apt# (if applicable) City State Zip

Telephone: Home (_____) _____ - _____ Cell (_____) _____ - _____ Work (_____) _____ - _____

Biographical Information:

Gender:

Male Female

Marital Status:

Single Married
 Divorced Separated

Are you Hispanic?

Yes No

Ethnicity:

American Indian/Alaskan Native Asian Black/African American
 Multiracial (*Check all that apply*) Native Hawaiian/Pacific Islander White

Are you a Veteran? Yes No **Do you plan to receive V.A. Benefits?** 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 Marines Navy

Which Component? Active Reserve National Guard

Current Status? Discharged Retired Serving

Enrollment Information:

Term of Entry: Fall 20_____ Spring 20_____ Summer 20_____

Location Requesting: Swainsboro Statesboro Online Other _____

Classification: Returning Freshman (0-29 Hrs earned) Returning Sophomore (30-59 Hrs Earned)

Post Graduate/Non – Degree Seeking Transfer

Transient (Must provide Transient Permission Form from the Home Institution)

Degree Information: (check one)

Associate in Arts (2yr Transferable Degree) **Program of Study:** _____

*Consult EGC Catalog for a list of programs. All students attending the Statesboro location will be coded as seeking General Studies.

Online Associate in Arts (2yr Transferable Degree) Check one box: General Studies Sociology Psychology

*All online degree-seeking students will be coded to the Swainsboro campus

Associate in Applied Science (Career Program) **List Technical College Name:** _____

Technical College Diploma Program: _____

Education Information:

You **MUST** list each previous college (including technical) which you have attended, regardless of whether coursework will transfer or not, you earned 'W's, or had failing grades. Failure to identify former/current institutions is cause for denial or dismissal. Please request transcripts from each institution listed to be sent to EGC **PRIOR** to enrollment.

Name of School	City & State	Attendance Dates	Hours Completed
College/ Technical:		From: To:	
College/ Technical:		From: To:	
College/ Technical:		From: To:	
College/ Technical:		From: To:	

Are you currently enrolled at the last institution attended? Yes No If "Yes", date you will complete studies: _____

Are you currently on Suspension/Exclusion/Dismissal from any institution? Yes No

Background Information:

Have you been convicted of a crime other than a traffic offense, or are there any criminal charges now pending against you? Yes No

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.

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 be required to complete the CBI consent form located here: <http://www.ega.edu/registrar/Forms/CBIConsent.pdf>. Failure to comply may result in your denial of readmission to East Georgia College!

Students seeking careers and/or professional licensure in certain fields including, but not limited to, Nursing Education, Teacher Education, Criminal Justice, Social Work, Psychology, Law or Medicine may be required to submit a future background check prior to clinical assignment, internship and/or professional licensure. It is the student's responsibility to check the requirements of their program of study and professional licensing board. Successful completion of a program of study in any of the above fields at any University System of Georgia Institution does not guarantee licensure or employment in the respective profession.

List all full-time or part-time employment you have held for the past two year, including military service. List your most recent employment first. Attach additional sheets if needed.

Employer: _____ Dates: _____

Address: _____

City: _____ State: _____ Zip: _____

Full-time or part-time: _____

Employer: _____ Dates: _____

Address: _____

City: _____ State: _____ Zip: _____

Full-time or part-time: _____

IF YOU ARE UNDER 24, THE FOLLOWING SECTION MUST BE COMPLETED. IF YOU ARE 24 OR OLDER, SKIP THIS SECTION.

Were you claimed as a dependent on the state or federal income tax returns of your parent(s) or U.S. court-appointed legal guardian filed for the most recent tax filing year? Yes No

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

If yes to either of the above questions, the following sections must be answered.

Has the parent or U.S. court-appointed legal guardian who claimed you as a dependent on their state or federal income tax return filed for the most recent tax year, established and maintained domicile (*present, permanent home with intent to remain permanently/indefinitely*) in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term you are requesting in-state classification? Yes No

If yes to the question above, the following questions must be answered.

Name of your Georgia-domiciled parent or U.S. court-appointed legal guardian: _____

Relationship: _____ Address: _____
street city state zip

If the individual listed above is your U.S. court-appointed legal guardian, on what date was the guardianship appointed?

_____/_____/_____ (mm/dd/yyyy)

Has your parent or U.S. court-appointed guardian ever lived in another country or in an U.S. state/territory other than the state of Georgia? Yes No

If the parent or U.S. court-appointed guardian listed above has lived outside of Georgia:

When was residency established in the state of Georgia? ____/____ (mm/yyyy)

What was their reason for moving to Georgia? _____

Provide the following information for your Georgia-domiciled parent or U.S. court-appointed legal guardian listed above.

Do they have a driver's license or state-issued ID? Yes No
 If yes, in what U.S. state/territory is it issued? _____ Issued date: ____/____/____ (mm/dd/yyyy)

Do they drive a vehicle? Yes No
 If yes, in what U.S. state/territory is it registered? _____ Issued date: ____/____/____ (mm/dd/yyyy)

Are they registered to vote? Yes No
 If yes, in what U.S. state/territory are they registered? _____

Did they file state income taxes for the most recent tax year? Yes No
 If yes, in what state? _____
 Did they file as a resident, nonresident or part-year resident? _____

Did they file federal income taxes for the most recent tax year? Yes No

List all full-time or part-time employment the parent or U.S. court-appointed legal guardian listed above held for the past two years, including military service. List most recent employment first. Attach additional sheets if needed.

Employer: _____ Dates: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Full-time or part-time: _____

Employer: _____ Dates: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Full-time or part-time: _____

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

FOR OFFICE USE ONLY

SHATERM (Acad Standing) __GS__ AW __AQ__ P1 __P2__ LD __L3 Δ'd to __ (LAWP) __SAAADMS (Residency) __Yes__ No
 SRARECR (Student Type) ____ (Program of Study) _____ (Level Code) _____ SAAADMS (New Record) ____
 SGAADVR (Advisor) _____ SGASADD (Attribute Code) _____ ZOAGARP (GA Req) _____ GOAIMMU (Immu) ____
 SPAIDEN _____ SPAPERS (Race/Ethnicity) _____ SOAPCOL (Transfer Credit) _____ (Checklist upddd) _____
 SAAADMS (Housing Ck List) HAPP __HCRT__ HDEP __HFEE__ CBIC ____
 BKGRD CHK (req'd) __Yes__ No (Checklist upddd-if req'd) Banner ____ (initials)

Revised 6/13/11