

East Georgia

STATE COLLEGE[®]
Application for Admission

Office of Admissions
131 College Cir • Swainsboro, GA 30401
(478) 289-2017 • (478) 289-2353
documents@ega.edu

SOCIAL SECURITY NUMBER: *(required of all applicants)* _____

Name: _____

Last
First
Middle
Jr., III, etc
Maiden/Previous Last Name

Mailing Address: _____

Street Address/ PO Box
Apt #
City
State
Zip

Physical Address: _____

Street Address/ PO Box
Apt #
City
State
Zip

Cell Phone (_____) _____ Home Phone (_____) _____

County: _____ Email Address: _____

Date of Birth _____ Parent Email Address: _____

Emergency Contact: _____ Phone Number (_____) _____
Parent/Guardian/Spouse/Other (Circle One)

Address: _____

Street Address/ PO Box
Apt #
City
State
Zip

TERM YOU PLAN TO ENTER:	STUDENT TYPE:	LOCATION OPTIONS:	ETHNICITY/RACE:
Fall Term 20 _____	<input type="checkbox"/> Beginning Freshman	<input type="checkbox"/> Augusta	<input type="checkbox"/> Am. Indian/Alaskan Native
Spring Term 20 _____	<input type="checkbox"/> Dual Enrollment	<input type="checkbox"/> Statesboro	<input type="checkbox"/> Asian
Summer Term 20 _____	<input type="checkbox"/> Former Student/Readmit	<input type="checkbox"/> Swainsboro	<input type="checkbox"/> Black/African American
	<input type="checkbox"/> Transfer	<input type="checkbox"/> Online Only	<input type="checkbox"/> Hawaiian/Pacific Islander
	<input type="checkbox"/> Transient	<small>(Coded to Swainsboro campus)</small>	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Non-Traditional		<input type="checkbox"/> Multiracial <i>(select all that apply)</i>
	<input type="checkbox"/> Non-Degree Seeking		<input type="checkbox"/> White
	<input type="checkbox"/> Post-Baccalaureate		
	<input type="checkbox"/> 62 and Older		

Sex: Male Female Marital Status: Single Married Separated Divorced Widowed What is your citizenship status? US born or naturalized Citizen Legal Permanent Resident Undocumented/DACA Nonresident Alien/VISA

EDUCATIONAL PURSUIT:

Program of Study: _____
If left blank, student will be coded as General Studies.

EDUCATION INFORMATION:

You MUST list each previous school/college(s) (including technical) which you have 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 Institution	City & State	Attendance Dates To-From	Hours Attempted/ Completed
High School/ GED:			
College/ Technical:			
College/ Technical:			
College/ Technical:			
College/ Technical:			

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

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

