

**FOR YOUR
RECORDS ONLY**

DO NOT MAIL

PLEASE NOTE: The PDF applications are for review purposes only. Official applications must be submitted online.

Date Of Birth _____ / _____ / _____
MONTH DAY YEAR

Full Name _____
LAST FIRST MIDDLE SUFFIX (JR., III, ETC.)

Name Called _____ **Other last name on record** _____

1. Admission Categories and Address Information

Enter the semester (*Spring, Summer, Fall*) and year in which you intend to begin your enrollment at the University of Georgia.

Example: Fall 2014

Student Type (Available for First-Year Applicants, Summer and Fall semesters only; check one.)

Transfer

Admission type (Read Definitions on previous page and check as applicable.)

Transfer Non Traditional Second Degree

Mailing address to which all admission correspondence should be mailed

Street Line 1

Street Line 2

Street Line 3

Street Line 4

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

COUNTRY

Mailing Phone

AREA CODE

TELEPHONE NUMBER

Cell Phone

AREA CODE

TELEPHONE NUMBER

Text Phone

AREA CODE

TELEPHONE NUMBER

Would you like to receive SMS text messages from UGA regarding your application status and/or important deadlines? Yes No

Email address to which all e-correspondence should be sent _____

Parent/Guardian 1 Email _____

Parent/Guardian 2 Email _____

Note: Because we will use e-mail as our primary means of contacting you throughout the process, please provide us with an e-mail address which you check regularly and update us immediately should this address change.

Full Name _____
LAST FIRST

Date Of Birth _____ / _____ / _____

Permanent mailing address, if different from the current mailing address

Street Line 1

Street Line 2

Street Line 3

Street Line 4

CITY

STATE / PROVINCE

ZIP / POSTAL CODE

COUNTRY

Telephone number associated with permanent address _____

AREA CODE

TELEPHONE NUMBER

2. Optional Biographic Information

Colleges and universities are asked by many entities to describe the racial / ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to please answer the following to optional questions.

Do you consider yourself to be Hispanic or Latino/a? Yes No

Regardless of your answer above, please select one or more of the following racial categories to describe yourself:

- White (including Middle Eastern) Black or African American (including Africa and Caribbean)
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander Asian (including the Indian subcontinent)

Gender Male Female
Native Language English Spanish Other _____

(Required for international students who need a Form I-20)

Birthplace _____

CITY / COUNTY / PARISH

STATE / PROVINCE

COUNTRY

(Required for international students who need a Form I-20)

Full Name

LAST

FIRST

Date Of Birth

MONTH

DAY

YEAR

Parent/Guardian 1 name

Parent/Guardian 2 name

LAST, FIRST, MIDDLE, SUFFIX (JR., III, ETC.)

LAST, FIRST, MIDDLE, SUFFIX (JR., III, ETC.)

Birthplace

Birthplace

Highest level of education (Check one.)

- Less than high school diploma
- High school diploma
- Technical school certificate
- Baccalaureate degree
- Doctoral/Professional degree
- Some college
- Associate's degree
- Master's degree
- Unknown

Highest level of education (Check one.)

- Less than high school diploma
- High school diploma
- Technical school certificate
- Baccalaureate degree
- Doctoral/Professional degree
- Some college
- Associate's degree
- Master's degree
- Unknown

Occupation

Occupation

Employer

Employer

Is parent/guardian 1 a UGA employee? Yes No

Is parent/guardian 2 a UGA employee? Yes No

If deceased, year of death

If deceased, year of death

With whom do you currently reside? Parent 1 Parent 2 Both Other

In what city & state?

CITY / COUNTY / PARISH

STATE / PROVINCE

Do you live in a single-parent home? Yes No

Total number in household

Primary language spoken at home

Extraordinary family obligations

Required to work to supplement family income? Yes No

Serve as primary caregiver for family member(s)? Yes No

Please describe

Indicate any immediate family members who have attended or are currently attending UGA.

Father Mother Sibling

List any members of your immediate family (only include parents, stepparents or siblings) who have attended or are currently attending UGA

Name Relationship Class Of

Name Relationship Class Of

Name Relationship Class Of

PART I

Full Name _____
LAST FIRST

Date Of Birth _____ / _____ / _____
MONTH DAY YEAR

3. Required Biographic Information

Citizenship (Check one.) United States Other *specify country of citizenship* _____
 Permanent Resident (Include a copy of Alien Registration Card to be used for residency and tuition purposes.)

If applicable, how many years have you lived in the United States? _____

If you currently reside in the U.S. but are not a U.S. citizen or Permanent Resident, what kind of visa do you hold?

Student (F-1/F-2) Exchange (J-1) Tourist (B-2) Refugee Other (Specify) _____

If you require a Form I-20 Certificate of Eligibility in order to obtain a student (F-1) visa to study in the United States legally, you must complete the UGA Certificate of Finances form available on our Web site at www.admissions.uga.edu and submit it with the appropriate documentation with your application for admission.

Residency In general, in-state residency for tuition purposes in the University System of Georgia requires full-time domicile and legal residency in the state of Georgia for at least the twelve (12) consecutive months prior to your first enrollment. We will review all responses to assure that students meet the residency policies set by the Board of Regents for the University System of Georgia. For a complete description of residency regulations, visit http://www.usg.edu/student_affairs/faq/residency/

Do you claim to be a legal resident of Georgia for in-state tuition purposes? Yes No
If "No," in which state / country do you reside? _____ (You may continue to Section 4)

If "Yes," in which Georgia county do you reside? _____

How long have you continuously resided in Georgia? _____ / _____
YEARS MONTHS

Has the claiming individual (you if you claim to be independent, or your parents/legal guardians if you are a dependent), filed a Georgia Income Tax return claiming Georgia Residency in the past year? Yes No

If "No," what is your legal state of residency? _____

Are you currently active duty military or a family member of someone who is active duty military? Yes No
If yes, what branch of the military?

4. Intended Major

Using the list provided in this packet (page iv), identify the course of study you wish to pursue at the University of Georgia. Enter the appropriate school or college, intended major, and major code below. If applicable, please list your intended pre-professional program as well.

School / College _____

First Intended Major _____

Reason for choosing major _____

Second Intended Major _____

Reason for choosing major _____

Intended pre-professional program _____ Code _____

Full Name _____
 LAST FIRST

Date Of Birth _____ / _____ / _____
 MONTH DAY YEAR

5. Prior Educational Experience

List all vocational-technical schools, and colleges, starting with your current or most recent school, along with any diplomas or degrees earned. Include colleges attended for courses taken while in high school. If you have applied to UGA before as a transfer applicant, please only enter in any new colleges you have attended since the time of your previous application. Complete disclosure is absolutely required. **Failure to list all institutions may result in rescission of admission, invalidation of credits or degrees earned, and/or disciplinary action.**

College(s) attended

FICE college code (If known) *Complete College Name* *City, State* *From (mo / yr) first attendance* *To (mo / yr); expected last attendance* *Degree earned, year*

<i>FICE college code (If known)</i>	<i>Complete College Name</i>	<i>City, State</i>	<i>From (mo / yr) first attendance</i>	<i>To (mo / yr); expected last attendance</i>	<i>Degree earned, year</i>

Graduating High School

ETS High School code (If known) *Complete High School Name* *City, State* *Graduation Month/Year*

<i>ETS High School code (If known)</i>	<i>Complete High School Name</i>	<i>City, State</i>	<i>Graduation Month/Year</i>

Transferable Credit Hours

Please estimate the number of transferable credit hours and GPA for all the colleges you have attended. Also indicate In Progress credit and date of completion.

*In Progress hours not completed by your transfer deadline will not be used to meet minimum transfer requirements (Summer — March 1, Fall — April 1, Spring — August 15)

Minimum Transfer Total (not including In Progress) for Admission Consideration
 3.20 GPA with 30 - 59 hours or 3.0 GPA with 60 or more hours (subject to change).
 Quarter hours are divided by 1.5 to equal semester (45QH = 30SH).

COMPLETED TRANSFER HOURS (SEMESTER)	COMPLETED TRANSFER GPA	IN PROGRESS HOURS *	COMPLETION DATE

Information on deadlines and how credit transfers is available at: http://www.admissions.uga.edu/admissions_transfer.html

6. ADDITIONAL REQUIRED INFORMATION. You must answer all four questions.

Failure to answer these four questions properly will result in a delay in processing your application.

A) Have you previously applied for admission to UGA?

Yes No

If "Yes," for what term and year? _____ / _____

TERM YEAR

Your last name then _____

B) Have you ever enrolled in UGA courses for credit, including independent study?

Yes No

If "Yes," for what term and year? _____ / _____

TERM YEAR

Your last name then _____

Full Name _____
LAST FIRST

Date Of Birth _____ / _____ / _____
MONTH DAY YEAR

If your answer to either of the following is yes, you must submit a full statement of relevant facts on a separate sheet to be attached to this form.

C) Are you currently, or have you ever been, charged with, or subject to, disciplinary action including suspension or expulsion for scholastic or any other type of misconduct at any high school, college, or university? Yes No

D) Have you ever been charged with, convicted of, or pled guilty or nolo contendere to a crime other than a minor traffic offense, or are any criminal charges now pending against you? Yes No

Convictions shall include: A finding of guilty by a judge or jury, a plea of guilty, or a plea of nolo contendere, a plea of no contest, an Alford Plea to a criminal charge, or a plea under a first offender act, irrespective of the pendency or availability of any appeal or application for collateral relief. If "Yes," explain fully, 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 have the appropriate authority submit official court documentation directly to UGA's Office of Admissions.

Full Name _____
LAST FIRST

Date Of Birth _____ / _____ / _____
MONTH DAY YEAR

7. The University of Georgia Honor Code and Application Validation Statement

"I will be academically honest in all of my academic work and will not tolerate the academic dishonesty of others."

ALL applicants must read and sign the following section in order to complete the Application for Admission to the University of Georgia:

By my signature below, I understand that I am subscribing to the University of Georgia's Honor Code and agreeing to be bound by such in the event that I am admitted and subsequently enroll as a student at the University. I understand that, until I enroll, I have a continuing obligation to update the information submitted to the University in my Application for Undergraduate Admission. I further attest that to the best of my knowledge all of the information I have supplied in this application, or will subsequently submit, is complete and accurate and that any omission or misrepresentation will invalidate any further consideration or subsequent admission.

I understand that any material false statement 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.

Additionally, I understand and agree that I will be bound by the University's regulations concerning admission requirements, including all application and enrollment deadlines. Finally, I understand that the application processing fee is non-refundable.

Applicant's Original Signature (in ink) _____

Signed _____ / _____ / _____
MONTH DAY YEAR
I-5