

Office of Admissions 11935 Abercorn Street Savannah, Georgia 31419-1997 912.344.2503/1.800.633.2349
 Website: www.armstrong.edu FAX: 912.344.3417
 For more information, ask our Virtual Advisor at: www.admissions.armstrong.edu

New Applicant: Please enclose check for \$25 processing fee.
Former Student: Please submit Application for Readmission.

Term you plan to enter:

Fall 20 _____ Spring 20 _____
 Summer 20 _____

Social Security Number (required)

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Please check for accuracy.

Date of Birth (required)

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BIOGRAPHICAL

Full legal name: _____
 last first middle Jr., III, etc.

Former name (if applicable)*: _____
 *Please provide a copy of photo ID/marriage license/Social Security card for name change.

Mailing Address: _____
 street Hm. phone (inc. area code) Wk. phone (inc. area code) Cell phone (inc. area code)

 city state zip country (if not USA)

E-mail Address: _____

List previous address if at above mailing address less than 12 months.

Previous Address: check if this address serves as your permanent address

RESIDENCE

 street Hm. phone (inc. area code) Wk. phone (inc. area code) cell phone (inc. area code)

 city state zip country (if not USA)

How long have you lived in Georgia? _____yrs./_____mos.

Do your parents claim you on their income taxes? Yes No If yes, what State? _____

Are you, your spouse or your parents active duty military? Yes No Home State of Record: _____
 (provide copy of your current Military ID Card and orders assigning you to a Georgia military installation)

Have you previously served in the military? Yes No If yes, date of separation _____ (provide copy of your DD214)

If you are a veteran and plan to use your VA benefits while at AASU, please see VA Representative for forms.

Citizenship Status: U.S. Citizen by Birth U.S. Citizen by Naturalization (provide copy of naturalization certificate or US passport)
 Alien, Non-Resident Alien, Resident* Visa Type _____ (F-1, B-2, H-1)

Country of Citizenship (if not USA) _____ *Please submit a copy of your Alien Registration Receipt Card, I-551, EAD Card, I-94 card

EMERGENCY

Parent Guardian Spouse Other

Name _____

Address _____
 street city state zip

Phone _____
 home (include area code) work (include area code)

The following information is for statistical purposes only and will not be used in a discriminatory manner.

Ethnic Status: American Indian Asian or Pacific Islander Gender: Female Male
 Black Hispanic
 Multiracial White
 Other _____

Armstrong Atlantic State University offers disability services. For further information, contact the Office of Disability Services at (912) 344-2744.

OPTIONAL

PREVIOUS/CURRENT EDUCATIONAL EXPERIENCE

New students: please list high school and **ALL** colleges previously attended. **Failure to do so will disqualify applicant.** Transcripts must be mailed directly to the Admissions Office from the sending institution. The applicant must submit official transcripts of all previous college courses attempted whether or not credit was earned and regardless of whether the applicant wishes to transfer any credit.

Complete Name of School	Location (City, State)	Attendance Date		Grad. Date Degree Earned	Indicate if Paid In-State Tuition
		From (mo/yr)	To (mo/y)		
Last High School					
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
College					<input type="checkbox"/> Yes <input type="checkbox"/> No
Last College					<input type="checkbox"/> Yes <input type="checkbox"/> No

Will you be applying for financial aid? Yes No Will you be applying for scholarships? Yes No
 Are you a HOPE Scholar? Yes No
 Are you **currently** in high school? Yes No

If yes, check and give titles below for the college preparatory courses you will take or are taking to graduate.

English _____ Natural/Physical Sciences _____
 Foreign Languages _____ Social Sciences _____
 Mathematics _____ Other _____

List extracurricular activities, community service, honors/award (use separate page if needed, if needed) _____

If you are **not** a high school graduate (but would have graduated at least five years ago), have you taken the GED tests and received a State High School Equivalency Certificate?

Yes No **Official report of scores must be sent to the Admissions Office.**

ADMISSIONS

Have you previously applied for admission to AASU? Yes No If so, when? _____

Intended Major: (see degree programs) _____ **(Do not leave blank)**

Application Type: (check one)

Freshman (no prior college) Transient 62 Plus Program Engineering (GTREP)
 Transfer Certificate Engineering (RETP) Civil Electrical
 Second Baccalaureate Degree Joint/Early Enrollment Computer Mechanical
 Post Baccalaureate

Educational Objective: Associate Degree Baccalaureate Degree Prepare for New Career
 Job Experience Other/NA

GENERAL INFORMATION CERTIFICATION

I certify that all statements made in this application are complete and true. **I also understand that falsification of or failure to provide information requested may result in my immediate dismissal and/or loss of all credits from the university.** If my application is accepted and I become a student, I agree to abide by the published regulations of the university and the policies of the Board of Regents of the University System of Georgia. If you have ever been convicted of any criminal offense other than a traffic violation, please attach a detailed explanation.

Date _____ Signature of Applicant _____

1. Application, non-refundable \$25.00 processing fee (check/money order, **not cash**), transcripts and other supporting documents (when applicable) should be submitted by application deadline for the term in which the applicant plans to enter.
2. Application will not be reviewed until the application form, \$25.00 fee, Certificate of Immunization, official scholastic records, and official scores on the College Examination Board's SAT (Scholastic Aptitude Test) or ACT (Assessment Program from the American College Testing Program) have been received.

All completed applications received on or before the institution's published deadline date will be processed. Applications received after the institution's published deadline may be acted upon at the discretion of the institution.

Office Use Only:
Receipt No. _____