



WEU (WEEKEND UNIVERSITY)
APPLICATION FOR READMISSION

Instructions: 1 The form below is for students who have attended Albany State University and wish to apply for undergraduate WEU readmission to the institution. If you are interested in applying for admission, call (229) 430-4646 or readmission to Graduate School, call (229) 430-4862. In order to expedite the processing of your application, please type or print, in blue or black ink, all the information listed below. 2 Applications and all required supporting credentials must be received by the Registrar's Office prior to the deadline date: Fall - July 1; Spring - November 15; Summer - April 15. You may be subject to a late registration fee if submitted after the deadline date. 3 Return the completed application to: The Registrar's Office, Albany State University, 504 College Drive, Albany, GA 31705 - (229)-430-4638.

Semester you plan to return \_\_\_ Fall \_\_\_ Spring \_\_\_ Summer 20\_\_\_ Last enrollment: SEMESTER/QUARTER \_\_\_ YEAR \_\_\_

PERSONAL INFORMATION

Name \_\_\_ Social Security Number \_\_\_
Last First Middle
Address \_\_\_ City \_\_\_ State \_\_\_ Zip Code \_\_\_
Home Phone No ( \_\_\_ ) \_\_\_ Business Phone No. ( \_\_\_ ) \_\_\_
County of residence \_\_\_ Date of birth \_\_\_ Sex: Male \_\_\_ Female \_\_\_
Name at time of attendance \_\_\_ Martial Status: Single \_\_\_ Separated \_\_\_ Married \_\_\_ Divorced \_\_\_
(If different from above)
Are you a legal resident of Georgia? \_\_\_ If no, \_\_\_
County or Residence \_\_\_ State of Residence \_\_\_
Are you a U.S. Citizen? \_\_\_ If no, in which country do you presently hold citizenship? \_\_\_
Race or ethnic origin (Optional) \_ Black, Not Hispanic \_\_\_ White, Not Hispanic \_\_\_
Hispanic \_\_\_ Multiracial \_\_\_
American Indian or Alaska Native \_\_\_
Asian or Pacific Islander \_\_\_
Do you plan to live on campus? \_\_\_ YES \_\_\_ NO Have you ever been convicted of a felony? \_\_\_ YES \_\_\_ NO

DEGREE INFORMATION

Check the type of degree you wish to seek: \_\_\_ Bachelor of Science \_\_\_ Bachelor of Arts
List the specific area in which you plan to major: \_\_\_
Check the type of degree you wish to seek: \_\_\_ Bachelor of Science \_\_\_ Bachelor of Arts \_\_\_ Bachelor of Social Work
List the specific area in which you plan to major: \_\_\_
Ceck the correct category: Transfer \_\_\_ Transient \_\_\_ Teacher Certification \_\_\_
Undergraduate (Fr, So, Jr, Sr) \_\_\_ Special \_\_\_ Auditor \_\_\_ (Only Auditing a class)

OTHER COLLEGE(S) ATTENDED

Table with 4 columns: Name of school or college, City/State, Did you graduate?, Date attended. Includes three rows of blank lines for entry.

Are you currently enrolled in an institution listed above? \_\_\_
Do you plan to graduate from that institution? \_\_\_ If yes, when? \_\_\_

STUDENT CERTIFICATION

I certify that the above statements is complete and correct. I understand that the misrepresentation or omissions of information will be sufficient cause for rejection or dismissal. If my application is accepted, 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. I understand all students must take the Regents' Test after the completion of 30 semester hours or before 45 semester hours. I am not on disciplinary suspension by another college or university.

Signature of Applicant Date

OFFICE USE ONLY
DATE RECEIVED ACTION DATE PROCESSED STAFF REPRESENTATIVE



UNIVERSITY SYSTEM OF GEORGIA