



REGISTRAR'S OFFICE
APPLICATION FOR READMISSION - UNDERGRADUATE ONLY

Instructions: 1 The form below is for students who have attended Albany State University and wish to apply for undergraduate readmission to the institution. 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. 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 to school: FALL SPRING SUMMER 20 Last enrollment: SEMESTER/QUARTER YEAR

PERSONAL INFORMATION

Name LAST FIRST M.I. Social Security No. Home Phone No. Business Phone No.
Address City State Zip code
Name at time of attendance Date of Birth
(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?
Check the type of degree you wish to seek: BS BA BSW Major:
Do you plan to live on campus? YES NO Have you ever been convicted of a felony? YES NO

(Optional) CLASSIFICATION - CHECK ONE OF EACH SET

- Black Transfer Unmarried Male Veteran
American Indian or Alaskan Native Transient Married Female Veteran Dependent
Asian or Pacific Islander Teacher Certification Reservist
Hispanic Undergraduate (FRESH., SOPH., JUNIOR, SENIOR)
Caucasian Undergraduate (seeking second Bachelor's degree)
Special (post Baccalaureate taking undergraduate courses only)
Auditor (Only auditing a class)

OTHER COLLEGE(S) ATTENDED

List all colleges you have attended since you were last enrolled at Albany State University.

Table with 4 columns: Name of College, City, State, Dates Attended. Contains 3 rows for listing colleges.

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

NOTE: Official transcript(s) from each institution you have attended since leaving Albany State University must be received before your application is approved.

STUDENT CERTIFICATION

I certify that the above information is true and accurate. I understand that the misrepresentation or omissions of information will be sufficient cause for 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