



Application for Graduate Admission/Readmission

The Graduate School

Address 1500 N Patterson St. • Valdosta, GA 31698-0005

Phone 229-333-5694 • Fax 229-245-3853

Please type or print in ink all information clearly and completely. Please answer all items on both sides of the application and sign it. Include this form with all other required material and submit it to the Graduate School.

1. Applicant Information

Last Name _____ Jr. III, Etc _____ First Name _____

Middle Name _____ Social Security Number _____

Indicate all other names used on official records. _____

2. Address (All correspondence will be sent to the mailing address)

Permanent Home Address _____ City State Zip +4 _____

Home Phone Number _____

Mailing Address (if different) _____ City State Zip +4 _____

Business Phone Number _____

3. *Ethnic Origin

- American Indian/Alaskan Native
- Black
- Hispanic
- Multi-racial
- Asian or Pacific Islander
- White (Non-Hispanic Origin)

*This information is voluntary and compiled for statistical reporting purposes only.

4.*Sex

- Male
- Female

5. Birthdate

Month _____ Day _____ Year _____

6. US Citizen?

- Yes
- No

7. Place of Birth

City _____ State _____ Nation _____

8. Residency Status Legal Resident of Georgia?

Yes If yes, how long? _____ Mo. _____ Yr.

_____ County of Residence (If GA)

No If NO, legal state of residency _____

Military Resident? Yes No

9. International Applicants Only Citizenship

Alien, Resident I-20 Needed

County Of Citizenship, If Not USA _____

Place of Birth, If Not USA _____

10. Admissions Information

Semester for which you are applying: Fall Spring Summer

11. Do you intend to pursue a degree at VSU?

Yes No Transient

12. Degree Sought: MA MBA MED MLIS MME MMP MPA
 MSMFT MS MSN MSW EDS DPA EDD

13. Non-Degree: Certificate Renewal Add-On Certificate Personal Enrichment

Major and/or Area of Concentration _____

List all colleges and universities attended, beginning with the last institution, including Valdosta State. One official transcript from each institution, except Valdosta State, must be submitted. **Applications will not be considered unless this section is completed filled in.**

Institution	City & State	Date		Graduation Date		Degree Received	Degree to be Received
		From	To	Month	Year		

14. Have you taken the Graduate Record Examination (GRE)? Yes Date _____ No Expected Date _____
 Have you taken the Miller Analogies Test (MAT)? Yes Date _____ No Expected Date _____
 Have you taken the Graduate Management Admission Test (GMAT)? Yes Date _____ No Expected Date _____
 Have you taken the Test of English as a Foreign Language (TOEFL)? Yes Date _____ No Expected Date _____

15. Have you previously submitted an application to VSU? Yes No
 Indicate the term and year: Term _____ Year _____
 Indicate the type of application: Undergraduate Graduate
 Were you admitted? Yes No Did you enroll? Yes No

16. If you hold teacher certification, provide details below:

Type of Certificate _____ Area/s of Certification _____
 Years of Teaching Experience _____ Current Employer _____

17. (Nursing Majors Only) If you hold a nursing license, provide details below:

State of Licensure _____ Years of Nursing Experience within the past five years _____

 If currently working, name of employer _____

Expected Area of Concentration:
Preference Clinical/1st and 2nd choice: Nursing of Adult Health Nursing of Growing Families Psych/Mental Health
Preference Functional/1st and 2nd choice: Administrator Care Manager Educator
 Are you willing to work in a medically underserved area when you graduate? Yes No

E-mail Address: _____
Note: Your application is not considered complete until ALL required information is provided, including the \$35 application fee.

I certify that the information given in this application is accurate and complete to the best of my knowledge.

Signature of Application _____ Date _____