Office of the Registrar

1005 State University Drive. - Fort Valley, Georgia 31030-4313



A State and Land-Grant University University System of Georgia

APPLICATION FOR RE-ADMISSION

\$20 Application Fee (fee is non-refundable)

Application fee must be submitted with application for processing

Read carefully prior to completing	eachitem • Print all items	completely and a	ccurately • Sign and	d date the comple	ted form
I wish to re-activate my files for:	□ Summer	□ Fall	□ Spring	Year:	
\Box Ms. \Box Mrs. \Box Mr.	E-mail addre	ss:			
Last	Firs	t			Mi.
FVSU ID#: Home Address:) City:		
Home Address: County of Residence:			State:	Zip:	
Gender: □ Male □ Female	Marital Statu	s: \Box Single \Box N	/arried □ Divorce	ed □ Widow	
Race:	Date		/		
Are You Applying for In-State Tu	uition? \Box Yes \Box No		Month	Date	Year
Are You A Legal Resident of Geo How long have you maintained le	-				Years
Are you a veteran? □ Yes	□ No				
Previous enrollment at FVSU:	Term:		Year:		
What is your intended major?					

Have you attended another accredited college/university since your last attendance at FVSU?

If yes, please complete information below:

College/University	Location	Dates Attended

Note: Failure to provide information concerning other collegiate enrollment(s) will provide grounds for immediate dismissal. Official transcripts are <u>required</u> from each institution attended. Transcripts <u>must</u> be received prior to processing this form.

I understand that any material false statement made knowingly and willingly 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.

Signature:

Date: