

Office of Graduate Studies 1005 State University Drive Fort Valley, Georgia 30130-4313 (478) 825-6338 www.fvsu.edu Application Fee Non-refundable

Domestic Applicants: \$20 ernational Applicants: \$75

International Applicants: \$75 graduatestudies@fvsu.edu GRADUATE APPLICATION FOR ADMISSION Applicants must complete and return this application along with a non-refundable application fee to: Office of Graduate Studies, Fort Valley State University, 1005 State University Drive, Fort Valley, GA 31030-4313. PLEASE TYPE SOCIAL SECURITY NUMBER (For Financial Aid/FAFSA & Lawful presence matching purpose) FULL LEGAL NAME First Name Middle/Maiden Name_ OTHER NAMES UNDER WHICH YOU REGISTERED IN ANY OTHER EDUCATIONAL INSTITUTION Middle/Maiden Name____ First Name Last Name __ Suffix ___ MAILING ADDRESS Number & Street _ _____ City _____ State ____ ZIP ____ County ____ Country ___ PERMANENT ADDRESS State _____ ZIP ____ County ___ Number & Street ___ E-MAIL ADDRESS HOME PHONE (Mobile Phone (Fort Valley State University is required to report certain data to federal and state agencies. This information will not be used against any applicant, in the admissions decision process. Date of Birth Gender Ethnicity Citizenship Information U.S. Citizen (by birth/naturalization) ☐ Male ☐ Female Permanent Resident (Please attach copy of both sides of Alien mm/ dd/ yy Alaskan Native ☐ Hispanic/Latino Marital status Registration Receipt Card I-15) ☐ White American Indian Single Place of Birth Asian/Pacific Islander ☐ Multiracial ☐ Married Non-Resident Alien Visa Type: _ City ☐ Divorced Black Other ☐ Widowed Will you need an I-20 Certificate of Eligibility? ☐ Yes ☐ No State Country of Citizenship, if not Native Language: ___ EMERGENCY CONTACT Name _ Parent Spouse Other Phone No. State _____ ZIP ___ Address PROSPECTIVE PROGRAM OF STUDY Animal Science (MS) Early Childhood Edu./Special Edu. (MS) Clin. Rehabilitation Counseling (MS) Clin. Mental Health Counseling (MS) Middle Grades Education (MS) Biotechnology (MS) Environmental Health (MPH) Social Work (MSW) School Counselor Education (MS) Epidemiology (MPH) School Counselor Education (EdS) Semester you plan to enter FVSU: Year Semester Degree Seeking? Non-Degree Seeking? PREVIOUS EDUCATION Have you ever applied for admission to a FVSU graduate program before? Tyes No If Yes, when? Semester___ List below in chronological order every college, university and technical school you have attended (including Fort Valley State University). Dates of Attendance Degree Information Name of School Location **FROM** TO Earned Expected (No Abbreviations Please) Month Degree Date Degree Date Year Month Year

If yes please Specify: Active Duty Veteran National Guard Reservist	BACKGROUND NOTIFICATION	
any appeal or application for collateral relicf. If answered yes, explain fully on a separate page, specifying the nature of the offense(s), the date (s), if/hely occurred, the name and location of the court(s) and sentence(s) imposed. Please submit court documentation if appropriate. The statement will be used in the review process. RESIDENCY INFORMATION For in-state tuition, all of the following must be answered. Blanks may result in out-of-state tuition. University System of Georgia students are responsible for registering under the proper tuition classification. In general, classification of in-state status for untion purposes requires an individual inche ten mit which the student plans to enroll. Domicile is defined as a person's present, permanent home where the individual intentition to stay indefinitely and to which the individual returns following periods of temporary absence. Temporary residence does not constitute the establishment of one's domicile. 1. Have you established and maintained legal residence and domicile in Georgia for at least 12 consecutive months immediately preceding the first day of classes for the term in which by ou plan to enroll? Yes No 2. How long have you continuously resided in the state of Georgia? Years: Months: Date from: 3. Do you have a driver's license or state-issued LD.? Yes No If yes, from which U.S. state/territory? 4. Do you own a motor vehicle? Yes No If yes, in which U.S. state/territory are you registered? 5. Do you have voter registration? Yes No If yes, in which U.S. state/territory are you registered? 6. Did you file a state income tax return in the past year? Yes No If yes, in which U.S. state/territory are you registered? 8. How our our and year which will be a state income tax return in the past year? Yes No If yes No I	2. Are you presently under suspension or dismissal for disciplinary or academic reasons from any college, university or other formal post-	
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	Signature	Date

Statement of procedures: All credentials become the property of the University and cannot be forwarded or returned. Credentials will be maintained in active files for a 12-month period. After this period, credentials will be relegated to inactive status and must be submitted again before an admissions decision can be made.

SACS/EEO Statements

Fort Valley State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award baccalaureate, master's and educational specialist degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033-4097 or call 404-679-4500 for questions about the accreditation of Fort Valley State University.

Fort Valley State University is an affirmative action, equal opportunity institution and does not discriminate against applicants, students or employees on the basis of race, gender, ethnicity, national origin, sexual orientation, religion, age, disability or marital or veteran status.