

Atlanta Metropolitan State College

Office of Admissions and Enrollment Management ♦ 1630 Metropolitan Parkway S. W. ♦ Atlanta, Georgia 30310
Phone: (404) 756-4004 ♦ FAX: (404) 756-4407 ♦ Website: www.atlm.edu

APPLICATION FOR ADMISSION

Submit completed application with your \$20 non-refundable fee (check or money order payable to Atlanta Metropolitan State College) to the Office of Admissions.

PERSONAL INFORMATION

Social Security Number: _____/_____/_____ Date of Birth: _____/_____/_____
Month Day Year

Full Legal Name (Last, First, and Middle)

Name(s), other than the one listed above, that may appear on your transcripts, test scores, or other documents.

Street Address Apartment Number

City State Zip County Country

Home Phone Number: _____/_____/_____ Work / Cell Phone Number: _____/_____/_____ E-Mail Address: _____
(Area Code + Number) (Area Code + Number)

EMERGENCY CONTACT

Name (Last, First, and Middle) Relationship

Street Address Apartment Number

City State Zip County Country

Home Phone Number: _____/_____/_____ Work / Cell Phone Number: _____/_____/_____ E-Mail Address: _____
(Area Code + Number) (Area Code + Number)

DEMOGRAPHICS

Please answer the following questions. (Optional)

Gender: Male Female Do you consider yourself an Adult Learner? Yes No

(Students must be 25 years of age or older)

Ethnicity/Race: Are you Hispanic or Latino? Yes No Do you consider yourself a Military Learner? Yes No

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

CITIZENSHIP

If you are a U.S. Citizen

Place of Birth

City: _____ State: _____

If Naturalized Citizen:

Date of Naturalization: _____/_____/_____ Country of Birth: _____
Month Day Year

If you are not a U. S. Citizen

Country of Birth: _____ Country of Citizenship: _____ Native Language: _____

Current Status: Permanent Resident Alien Political Asylum Refugee Applicant for Permanent Resident Alien
 F-1 Visa Other Visa

The University System of Georgia AA/EOE

ADMISSION CATEGORIES

Year of Application 20_____

Term you plan to enroll: Fall (August) Spring (January) Summer (May)

Program of Study: List your intended program of study: _____

What Degree Do You Intend To Earn? Associate of Arts Associate of Science Associate of Applied Science Bachelor of Science

Which Campus would you like to attend? Main (Metropolitan Parkway) Online

Admission Category

- Joint Enrollment (*Receive College Credit While Attending High School*) Non-Traditional (*Graduated from High School Five or More Years*)
 Dual Enrollment (*Receive High School Credit and College Credit - Accel*) Transfer (*Previous Attendance at another Postsecondary Institution*)
 Early College (*Full-time College Student after Junior Year of High School*) Transient (*Visiting Student from an Accredited Institution*)
 Move On When Ready (*Full-time College Student – permission of High School*) Post-Baccalaureate (*Bachelor or Higher Degree from an Accredited College*)
 Freshman (*No Previous College Enrollment*) Senior Citizen (*Georgia Resident 62 years of age or older*)

PREVIOUS EDUCATION

Last High School Attended:

Name: _____ City: _____ State: _____

Did you graduate? Yes ___ No ___ Month and Year of Graduation: ____/____/____
Anticipated Month and Year of Graduation ____/____/____

If you did not graduate from high school, did you receive a General Education Development (GED) Diploma? Yes No

Colleges, Universities, and Technical Schools Attended

List below **ALL** colleges, universities, and vocational/technical schools, (including Atlanta Metropolitan State College) that you have attended previously or that you are attending currently. List the last institution first. Applicants/students who do not list all previous institutions will be subject to denial or dismissal without refund. **Applicants must submit official transcripts from ALL institutions attended.**

Name of Institution (College, University, or Technical School)	City	State	Attend from (Mo/Yr)	Attended to (Mo/Yr)	Type Degree Received

RESIDENCY INFORMATION

- Are you applying for in-state tuition? Yes No
- How long have you continuously resided in the State of Georgia? _____ years _____ months
- Have you ever lived outside the State of Georgia? Yes No If yes, what State? _____
What was your reason for relocating to Georgia? _____? What year did you relocate to Georgia _____?
- Did you graduate or will you graduate from a Georgia high school? Yes No
- Do you have a Georgia Driver's License or Georgia ID card? Yes No
- Have you filed a Georgia income tax return in the past year? Yes No
- Have you been employed in Georgia for the past year? Yes No
- Are you or will you be at the time of enrollment a current member or Veteran of the U. S. Armed Forces? Yes No

If Yes: Which branch? Air Force Army Navy Marines Coast Guard

Which Component? Active Reserve National Guard Current Status: Discharged Retired Serving

* Non-residents may complete and submit a Petition for In-state Tuition Classification along with supporting documentation.

How did you hear about Atlanta Metropolitan College? College Recruiter A Friend A Relative High School Counselor
 Radio Ad TV Ad Newspaper Ad Magazine Ad Other – Please explain: _____

SIGNATURE REQUIRED

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: _____