



ATLANTA METROPOLITAN COLLEGE

Office of the Registrar
 1630 Metropolitan Parkway, S.W.
 Atlanta, GA 30310-4498
 (404) 756-4001 Office (404) 756-5686 Fax

APPLICATION FOR READMISSION

Welcome back. Returning students who have not attended Atlanta Metropolitan College for the last three semesters must submit a Readmission Application to the Office of Registrar. Additional admission documents may be required since policies and procedures may have changed since your last application. The Readmission Application Fee is \$20 and is non-refundable. Please pay by check or money order to Atlanta Metropolitan College. Please print legibly. This document cannot be faxed.

SEMESTER YOU PLAN TO RETURN:

FALL 20 ____ SPRING 20 ____ SUMMER 20 ____

Last Dates of Attendance at AMC: From: _____ To: _____

PERSONAL INFORMATION:

Name _____
Last First MI Maiden/Other Names

Social Security #: _____ Date of Birth: _____
MMDDYY

Address: _____
Street Address Apt. City State Zip County

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____ Email Address: _____

PROGRAM OF STUDY:

Program of Study/Intended Major:

Bachelor of Science/Biological Sciences Associate of Arts Associate of Science Associate of Applied Science

Current Programs

Please circle the intended major.

Transient and Post-Baccalaureate(students with Bachelors degrees from Accredited University) will not need to declare major.

Associate of Arts	Associate of Science	Health and Physical Education	Pre-Physical Therapy	Applied Sciences
Art	African American Studies	History	Pre-Occupational Therapy	Accountancy
English	Biology	Mathematics	Psychology	Computer Programming-Option I Information Systems
Foreign Language	Business Administration	Office Administration/ Secretarial Science	Recreation	Computer Programming-Option II Computer Analysis
General Studies	Business Education	Physics	Social Work	Computerized Office Management
Music Option I	Chemistry	Political Science	Sociology	Recreational Leadership
Music Option II	Computer Information Systems	Pre-Engineering Technology	Teacher Education Early Childhood	Human Service
Music Option III	Computer Science	Pre-Dental	Teacher Education- Middle School Option II	Business/ Management
Speech Option I	Criminal Justice	Pre-Engineering	Teacher Education- Secondary	Human Services
Speech Option II	General Studies	Pre-Medical Technology	Certificate Programs	
	Health Information Management	Pre-Nursing	Criminal Justice	Automated Office Management

CLASSIFICATION:		CITIZENSHIP:	
<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Male	If you are a U.S. Citizen	
<input type="checkbox"/> Transfer	<input type="checkbox"/> Female	Place of Birth	
<input type="checkbox"/> Transient		City: _____ State: _____	
<input type="checkbox"/> Post-Baccalaureate		If Naturalized Citizen:	
(Optional): Responses are compiled and only used for required federal and state reports.		Date of Naturalization: ____/____/____ Country of Birth: _____ <small>Month Day Year</small>	
<input type="checkbox"/> Black		If you are Not a U. S. Citizen	
<input type="checkbox"/> American Indian/Alaskan Native		Country of Birth: _____	
<input type="checkbox"/> White		Country of Citizenship: _____	
<input type="checkbox"/> Native Hawaiian/Pacific Islander		Native Language: _____	
<input type="checkbox"/> Asian		Current Status: <input type="checkbox"/> Permanent Resident Alien <input type="checkbox"/> Political Asylum	
(New Ethnicity):		<input type="checkbox"/> Refugee <input type="checkbox"/> Applicant for Permanent Resident Alien	
<input type="checkbox"/> Not Hispanic or Latino		<input type="checkbox"/> F-1 Visa <input type="checkbox"/> Other Visa	
<input type="checkbox"/> Hispanic or Latino			

RESIDENCY:

RESIDENCY INFORMATION

- Do you consider yourself a resident of Georgia for tuition purposes? Yes No
- Have you lived in Georgia continuously for the past year? Yes No
If no, what was your previous state of residence? _____
- What was your reason for relocating 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.

OTHER COLLEGES, UNIVERSITIES, OR TECHNICAL SCHOOLS ATTENDED:

An official transcript or a letter of good academic standing is required before application can be accepted.

You must submit all past transcripts from any previously attended colleges or universities.

Name of Colleges, Universities, or Technical schools:	Dates Attended:

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.

OFFICIAL USE ONLY

Date Received:	
Action:	
Date Processed:	
Processed by:	

Student's Signature: _____

Date: _____