



Readmission Application for Former Students

Office of Admissions 11935 Abercorn Street Savannah, Georgia 31419-1997 912.344.2576/1.800.633.2349
Website: www.armstrong.edu Student information website: www.ship.armstrong.edu FAX: 912.344.3470

No application fee required.

Term you plan to enter:

AASU ID or SSN Number (required)*

Date of Birth

Grid for AASU ID or SSN Number

Grid for Date of Birth

- Fall 20
Spring 20
Summer 20

* Please check for accuracy.

MM DD YY

BIOGRAPHICAL

Full legal name: Last First Middle Jr., III, etc.

Former name (if applicable)*: * Please provide a copy of photo ID/marriage license/Social Security card for name change.

Mailing Address: Street Hm. phone (inc. area code) Day phone (inc. area code) Cell phone (inc. area code)
City State Zip Country (if not USA)

E-mail Address:

List previous address if at above mailing address less than 12 months.

Previous Address: Check if this address serves as your permanent address
Street Hm. phone (inc. area code) Day phone (inc. area code) Cell phone (inc. area code)
City State Zip Country (if not USA)

How long have you continuously lived in Georgia? yrs./mos.

RESIDENCE

Do your parents claim you on their income taxes? Yes No If yes, what state?
Have you ever been convicted of a crime other than a minor traffic violation or are there any criminal charges currently pending against you? No Yes, please explain

Are you or will you be at the time of enrollment a current member or veteran of the U.S. Armed Forces? Yes No
Is your spouse or a parent active duty military? Yes No

If YES to either of the above questions:

Which branch? Air Force Army Coast Guard Marines Navy
Which component? Active Reserve National Guard
Current Status: Serving Discharged Retired Date of separation
Home State of Record:

Provide copy of your current Military ID Card and orders assigning you to a Georgia military installation.

If you are a veteran and plan to use your VA benefits while at AASU, please see VA Representative for forms.

Citizenship Status: U.S. Citizen by Birth U.S. Citizen by Naturalization (Provide copy of naturalization certificate or US passport)
Alien, Resident* Alien, Non-Resident Visa Type (F-1, B-2, H-1)
*Please submit a copy of your Alien Registration Receipt Card, I-551, EAD Card, I-94 card
Country of Citizenship (if not USA)

EMERGENCY

Parent Guardian Spouse Other
Name
Address: Street City State Zip
Phone: Home (include area code) Day (include area code)

The following information is for statistical purposes only and will not be used in a discriminatory manner.

Are you Hispanic or Latino? Yes No Gender: Female Male

OPTIONAL

Race (mark ALL that apply): White Black or African American Asian Native Hawaiian or other Pacific Islander American Indian or Alaskan Native

Armstrong Atlantic State University offers disability services. For further information, contact the Office of Disability Services at (912) 344-2744.

PLEASE COMPLETE OTHER SIDE

PLEASE list all colleges attended since your last semester at Armstrong Atlantic State University. Failure to do so will disqualify applicant. **Transcripts must be mailed directly to the Admissions Office from the sending institution.**

PREVIOUS/CURRENT EDUCATION

Complete Name of School	Location (City, State)	Attendance Date		Credit Hours Earned	Grad. Date/ Degree Earned
		From (mo/yr)	To (mo/yr)		
Last High School					
College					
College					
Last College					

Do you currently have any disciplinary or academic misconduct charges pending against you from a high school, college or university or have you ever been disciplined, suspended, or expelled for conduct code violations from a high school or postsecondary educational institution? No ___ Yes (please explain) _____

ADMISSIONS

Intended Major: (See degree programs): _____ **(Do not leave blank)**

- Educational Objective:** Associate Degree Baccalaureate Degree Second Baccalaureate Degree
 Transient Job Experience Prepare for New Career Engineering (GTREP/RETP)
 Auditor Certificate Other/NA (please explain) _____

Last term attended at AASU? _____

CERTIFICATION

I certify that all statements made in this application are complete and true. **I also understand that falsification of or failure to provide information requested may result in my immediate dismissal and/or loss of all credits from the university.** If my application is accepted and I become a student, I agree to abide by the published regulations of the university and the policies of the Board of Regents of the University System of Georgia. If you have ever been convicted of any criminal offense other than a traffic violation, please attach a detailed explanation.

Date _____ Signature of Applicant _____

DEADLINES

Application Deadlines are available on the web: <http://es.armstrong.edu/admissions/appdeadlines.htm>

GENERAL INFORMATION

1. Transcripts and other supporting documents (when applicable) should be submitted by the application deadline for the term in which the applicant plans to enter.
2. Applications will not be reviewed until all re-admit materials have been received.
3. All completed applications received on or before the university's published deadline date will be processed. Applications received after the institution's published deadline may be acted upon at the discretion of the university and is subject to a late fee.

Office Use Only: Receipt No. _____
