



GRADUATE TRANSIENT STUDENT APPLICATION COLLEGE OF EDUCATION

Deadlines: Fall-August 1; Spring-December 1; Summer-May 1



The College of Education at Georgia State University uses a self-managed admissions application for graduate transient students. It is the applicant's responsibility to prepare and collect all needed application materials **in one packet**. The completed application packet should be returned to: Graduate Admissions Committee, College of Education, Georgia State University, 30 Pryor Street, Suite 300, Atlanta, GA 30303-3083. You will be notified in writing of the decision on your application. If accepted, this acceptance is not guaranteed for any term other than the term stated on the letter of acceptance. The following items should be included:

- The GSU College of Education Graduate Transient Student Application. The application must be signed and dated. Incomplete applications or applications that arrive without all required information will not be processed.
- A \$50.00 non-refundable check or money order made payable to "Georgia State University."
- The original University Information sheet, plus one copy. This form must be completed and signed.
- The Graduate Transient Student Letter of Good Standing form. This form must be completed by the dean or registrar of your home institution and returned to you in a sealed, signed envelope.

MAJOR/DEGREE PROGRAMS (choose one):

- | | | |
|--|--|--|
| <input type="checkbox"/> Early Childhood (ECE) | <input type="checkbox"/> School Psychology (SPS) | |
| <input type="checkbox"/> Educational Leadership (EDL) | <input type="checkbox"/> Science Education (SCE) | |
| <input type="checkbox"/> Educational Psychology (EPY) | <input type="checkbox"/> Social Foundations of Education (SFD) | |
| <input type="checkbox"/> Educational Research (EDR) | <input type="checkbox"/> Social Studies Education (SSE) | |
| <input type="checkbox"/> English Education (ENE) | <input type="checkbox"/> Special Education (choose one) | |
| <input type="checkbox"/> Exercise Science (EXS) | <input type="checkbox"/> Behavior/Learning Disabilities (BLD) | |
| <input type="checkbox"/> Health & Physical Education (HPE) | <input type="checkbox"/> Communication Disorders (COD) | |
| <input type="checkbox"/> Instructional Technology (INT) | <input type="checkbox"/> Multiple & Severe Disabilities (MSD) (choose one) | |
| <input type="checkbox"/> Library Media Technology (LMT) | <input type="checkbox"/> Behavior Disorders(EBD) | <input type="checkbox"/> Mental Retardation(EMR) |
| <input type="checkbox"/> Mathematics Education (MTE) | <input type="checkbox"/> Early Childhood (SER) | <input type="checkbox"/> Physical & Health Dis (MUH) |
| <input type="checkbox"/> Middle Childhood Education (MCE) | <input type="checkbox"/> Hearing Impaired (HEI) | <input type="checkbox"/> Visually Impaired (VII) |
| <input type="checkbox"/> Professional Counseling (PRC) | <input type="checkbox"/> Sports Administration (SAD) | |
| <input type="checkbox"/> Reading, Language & Literacy (choose one) | <input type="checkbox"/> Sports Medicine (SMD) | |
| <input type="checkbox"/> Reading Instruction (RDS) OR | <input type="checkbox"/> Urban Teacher Leadership (UTL) | |
| <input type="checkbox"/> Teaching ESL (TES) | | |
| <input type="checkbox"/> Rehabilitation Counseling (REH) | | |
| <input type="checkbox"/> School Counseling (choose one) | | |
| <input type="checkbox"/> Elementary/Middle (ECO) OR <input type="checkbox"/> High School (SEC) | | |

TO BE COMPLETED BY APPLICANT: Semester /Year of Attendance: _____ / _____
(spring, summer, or fall) (year)

Desired Program: _____
(please list major & major code; see checklist above for programs and codes)

Name: _____
Last First Middle (Maiden)

Address: _____
Street City State Zip

Phone Numbers: (Home) _____ (Work) _____

Former Name: _____
(Any other name that may appear on educational records.)

Gender: Male Female **Ethnicity:** (optional) Asian/Pacific Islander [AS] Black/African American [BL] Caucasian [CA] Hispanic [HP] Native American [IN] Multiracial [OT]

Birthdate: _____
(Year/Month/Day)



**GRADUATE TRANSIENT STUDENT
LETTER OF GOOD STANDING
COLLEGE OF EDUCATION**



SECTION I: TO BE COMPLETED BY APPLICANT

Name: _____

Last First Middle (Maiden)

Name of Home Institution: _____

Address of Home Institution: _____
Street City State Zip

Courses to be taken at GSU:

(You are only allowed to take a total of nine hours as a transient student at GSU. If you choose not to take all nine hours in one semester, you must file a new application for a subsequent semester.)

Title of Course at Home School Prefix & # Title of Equivalent GSU Course GSU Prefix & #

Title of Course at Home School	Prefix & #	Title of Equivalent GSU Course	GSU Prefix & #

SECTION II: TO BE COMPLETED BY OFFICIAL OF APPLICANT'S GRADUATE SCHOOL

The applicant named above has applied for admission as a transient (visiting) graduate student to the Georgia State University College of Education. The following information is necessary in order to process his or her application. (NOTE: All four statements must have YES checked in order for admission as a transient student to be approved. Please attach an explanation if there are any special circumstances & they will be considered.)

- | | | |
|--|------------------------------|-----------------------------|
| 1.) This applicant is a graduate student at your institution. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2.) This applicant is in good standing & is eligible to return for further study. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3.) The applicant is actively pursuing a graduate degree. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4.) This applicant is permitted to take courses at Georgia State & transfer them to your institution to apply toward his or her degree. You recommend his or her admission for this purpose. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

To the graduate dean or registrar: After you have completed this form, please place it in a university envelope, seal it, sign it, and return it to the applicant. The applicant will submit it unopened with the other materials of his or her self-managed transient application. Thank you for your help.

Signature of dean or registrar

Printed name & title

Date

SECTION III: TO BE COMPLETED BY GSU COLLEGE OF EDUCATION

Transient admission approved for _____ semester _____. Admission does not guarantee availability of courses.

Director of Graduate Admissions

Date

UNIVERSITY INFORMATION COLLEGE OF EDUCATION

Name: _____
Last First Middle (Former)

*Social Security Number: * _____ - _____ - _____ * Phone: (H) _____ (W) _____

Present Address: _____
Street City State Zip Code County

Permanent Address: _____
Street City State Zip Code

Gender: _____ Birth Date: _____ Place of Birth: _____ Country of Citizenship: _____
City/State/Country

RESIDENCY INFORMATION: Georgia residence for fee-paying purposes requires 12 continuous months of domicile and residency in Georgia. Complete regulations may be found in the **Graduate Catalog**. Do you consider yourself to be a resident of Georgia for fee-paying purposes as defined by the Board of Regents? Yes No **NOTE: The following information must be provided if you are claiming residency.** If applicable, how long have you lived continuously in Georgia? _____ From _____ To _____ State of Legal Residency _____
Years/Months

Do you have the following items?

	Yes	No	In which State?	Date first issued, obtained, filed?	Most recent date issued, obtained, filed?
Driver's License					
Vehicle Registration					
Voter Registration					
State Income Tax Return					

Were you counted as a tax dependent by spouse, parents, or guardians in the past year? Yes No If yes, complete the following:

Name of spouse, parents, or guardians State of legal residence How long resided there?

Employer of spouse, parents, or guardians City/State How long employed there?

EMPLOYMENT HISTORY (including present position and military history): List last 24 months with most recent position first.

From	To	Name of Employer	Location (City/State)	Full-time	Part-time

EDUCATION HISTORY: List all colleges and universities attended (including GSU). Attach an additional sheet if necessary.

From	To	Name of Institution	Location (City/State)	Full-time	Part-time

Please read and sign the following:

I certify that the information provided on this form and on any attached documents is true and accurate to the best of my knowledge. I understand that omissions or falsifications may result in the withdrawal of a decision to accept me or in disciplinary action. I understand that I must request and provide official transcripts to the specific college to which I am applying at GSU from all previous colleges or universities attended (including GSU) before I may be considered for admission. I understand that I may be required to furnish additional information or take additional tests to be considered for admission.

Signature of Applicant: _____ **Date:** _____

*SSN is part of the admissions process but will not be used for identification purposes. A unique Panther # will be assigned for identification.

INTERNATIONAL APPLICANTS ONLY:

Primary Language: _____ At the college you attended, in what language were the courses taught? _____

Non-U.S. Citizens Only: Type of Visa (circle one) F-1 F-2 J-1 J-2 A-1 A-2 B-1 B-2 Refugee Asylee Other

Is Visa _____ Requested? Currently Held? _____ Country of Citizenship: _____ Country of Residence: _____

Permanent Resident Alien No Yes If yes, Alien #: _____ Date Issued _____ (If yes, attach copy of I-551 or I-151)

Georgia State University, a unit of the University system of Georgia, is an equal opportunity educational institution and an equal opportunity/affirmative action employer. The University is open to people of all races and actively seeks to promote racial integration.