Graduate Application for Re-entry

For Office Use Only
Date Rec'd_____
_____Resident _____Waiver
_____Non-Resident

A student who wishes to enroll in a graduate program at CSU after an absence of one year is required to submit an Application for Re-entry in order to update the file. Please complete the following requested information and return this form to the Admissions Office, Columbus State University, 4225 University Avenue, Columbus, GA 31907-5645.

Application Status ❑ Degree Seeking ❑ Transient

Social Security Number _____ Date of Birth _____ Date _____

Name _____
Last *First* *Middle Initial*

Address _____
Street *City* *State* *Zip Code*

Former/Maiden Name (if applicable) _____

Telephone Number (Home) _____ (Work) _____

(Circle One)

Residency Status: Are you a legal resident of Georgia? Yes No

If yes, for how long?_____ / _____ If no, what state? _____
Years *Months*

Are you a legal resident of Lee or Russell county in Alabama? Yes No

If yes, for how long?_____ / _____
Years *Months*

Are you currently **active** duty military or a dependent of someone who is **active** duty military? ☐ Yes ☐ No

Note: For fee assessment purposes, documentation to support the above statements may be requested.

Year and Semester you last attended Columbus State University as a graduate student:

Semester _____ Year _____

Year and Semester you intend to return to Columbus State University graduate study:

Semester _____ Year _____

Program of Study _____

I certify that the information furnished is complete and true._____
Signature

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