

COLUMBUS STATE UNIVERSITY

## Graduate Admission Application

**It's your life.**

*It's your world. It's your classroom. Take part in it.*

## APPLICANT PROCEDURES

1. Please print all entries except your signature.
2. Submit this Application for Admission form, accompanied by a \$30 non-refundable application fee, to the Admissions Office. A check or money order should be made payable to CSU; the university is not responsible for cash sent through the mail. Exception: Georgia Residents 62 years of age or older, and previously enrolled students do not pay the application fee. Note: Georgia residents 62 years of age or older must provide proof of age for fee waivers.
3. Applicants seeking admission to a Master's program must request that an official transcript from each college or university attended be sent directly to the Admission Office. Applicants seeking admission to the Specialist in Education program need only to request an official transcript from the institution where the Master's degree was earned. EdS applicants must have teaching experience verified by Superintendent of Schools and must submit a copy of your clear renewable teaching certificate.
4. All applicants requesting admission to a graduate program are required to submit official test scores on an entrance examination appropriate to the degree objective. All graduate programs require the Graduate Record Exam (GRE) except Master of Public Administration and Master of Business Administration. The Master of Public Administration will also accept scores from the Miller Analogies Test (MAT). The Master of Business Administration will accept scores from the Graduate Management Admission Test (GMAT). Requests for GMAT and GRE scores may be sent to ETS at the following addresses:

Graduate Management Admissions Test	ETS, Box 966, Princeton, NJ 08540
Graduate Record Examination	ETS, Box 966, Princeton, NJ 08540

Applicants who wish to take any of these examinations on the CSU campus should contact the Testing Center at (706) 507-8020. Scores from tests taken more than five years prior to application for admission will not be accepted.
5. Additional requirements may apply for some programs.
6. A completed Certificate of Immunization must be received in the Admissions Office before enrollment. Forms are available in the Admissions Office and also on the web at: <http://admissions.colstate.edu>.
7. Degree-seeking applicants are considered for admission upon the receipt of all required credentials. Applicants seeking admission as transient or audit students should contact the Admission Office or refer to the university catalog for specific procedures. \*Applicants seeking non-degree status should contact the Admissions office for specific requirements. (See Admissions Information section on Application).
8. Data such as ethnic origin, sex, and handicap are used for statistical reporting and will not be used in any way for rendering admission decisions.
9. Action will not be taken on the application until all the credentials listed above have been received. When an application becomes ready for action during a peak period of activity in the Admissions Office, notification of action may be delayed. Ordinarily, application processing requires from two to three weeks.
10. Applicants seeking financial assistance should contact the Financial Aid Office well in advance of the semester in which they wish to enter and obtain the necessary forms and application procedures.
11. For a copy of the current year's university catalog, please visit our website at [www.colstate.edu](http://www.colstate.edu).

**For Office Use Only**

Receipt No. \_\_\_\_\_

Date Rec'd \_\_\_\_\_

Resident  Waiver

Non-Resident

# Graduate Admission Application



**COLUMBUS STATE**  
UNIVERSITY

Please print all information and check the appropriate boxes  
Do not write in shaded boxes  
A one-time \$30 application fee is required.

Admissions Office  Columbus State University  
4225 University Avenue Columbus, Georgia  31907-5645  (706) 507-8800

## APPLICANT INFORMATION

**Name** \_\_\_\_\_  
**Social Security Number** \_\_\_\_\_  
(Required of all applicants)

**Permanent Address** \_\_\_\_\_  
Number and Street Work Telephone Home Telephone (include Area Code)  
City State Zip + 4 Country (if not U.S.)

**Mailing Address** \_\_\_\_\_  
 (or check if same as above) Number and Street Telephone (include Area Code)  
City State Zip + 4 Country (if not U.S.)

**Former/Maiden Name (if applicable)** \_\_\_\_\_  
Last First

Ethnic origin OPTIONAL for admission  
but REQUIRED prior to enrollment.

**Date of Birth**  
(Month, day, year)  
\_\_\_\_\_

**Sex**  
 Male  
 Female

**Citizenship Status**  
 U.S. Citizen  
 Non-Resident Alien (International Student)  
 Resident Alien (Permanent Resident)  
(If Resident Alien, attach form  
1-551: Permanent Visa Card)

**Race / Ethnic Origin**  
Are you Hispanic or Latino? Yes No  
What is your race? (Choose one or more)  
 White  
 Black or African-American  
 Asian  
 American Indian or Native Alaskan  
 Native Hawaiian or Pacific Islander

**Native Language**  
 English  
 Other \_\_\_\_\_  
Specify

**County of Permanent Address** \_\_\_\_\_ **Country of Citizenship** \_\_\_\_\_

**Residency Status:**  
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

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

## ADMISSIONS INFORMATION

**Year and Semester You Plan To Enter:**  Fall  Spring  Summer 20 \_\_\_\_\_

**Classification:**  Degree Seeking  Transient  Audit  Non-degree\*

Note: Please refer to instructions inside under classification (\*Restrictions apply - re-certification or endorsement)

### Examinations:

Graduate Management Admission Test (GMAT)  Graduate Record Exam (GRE)  Miller Analogies Test (MAT)

### FOR OFFICE USE ONLY

Decision \_\_\_\_\_ Date \_\_\_\_\_ Int. \_\_\_\_\_ Classification \_\_\_\_\_ Degree Sought \_\_\_\_\_  
Major \_\_\_\_\_ Test Scores \_\_\_\_\_ UGRAD Degree \_\_\_\_\_ Date \_\_\_\_\_  
UGRAD GPA \_\_\_\_\_ Last 2 yrs GPA \_\_\_\_\_ GRAD Degree \_\_\_\_\_ Date \_\_\_\_\_

**All Previous Educational Experience**

(Include prior attendance at CSU.)

Institution	Location City, State	Dates of Attendance From / To	Graduation Date	Major	Degree Obtained
Last College _____					
College _____					
College _____					
College _____					

**INTENDED PROGRAM OF STUDY**

Please check intended Master's Program

**Master of Business Administration (MBA)**

**Master of Public Administration (MPA)**

General Government

Justice Administration

**Master of Science (MS) in:**

Applied Computer Science

Applied Computer Science On-line Track

Community Counseling

Environmental Science

Public Health

Instructional Technology

**Master of Music (MM) in:**

Artist Diploma (Certificate)

Music Education

*Concentration: Conducting (Choral and Instrumental)*

General Music

Pedagogy

**Master of Education (MEd) in:**

Art Education

Early Childhood Education

Educational Leadership

Health and Physical Education

Middle Grades Education

School Counseling

School Library Media

Secondary English Lang. Arts

Secondary Mathematics Education

Secondary Science Education

Secondary Social Science Education

Special Education

General Curriculum

**Master of Arts in Teaching (MAT)**

Early Childhood Education

Health and Physical Education

Middle Grades Education

School Library Media

Secondary English Education

Secondary Mathematics Education

Secondary Biology Education

Secondary Chemistry Education

Secondary Earth Science Education

Secondary History Education

Special Education -General Curriculum

Art

**Non-Degree**

Re-Certification

Endorsement

Reading

Gifted

Pre-School

Interrelated

Do you hold a valid teaching certificate?

Yes

No

If yes, what state? \_\_\_\_\_

Type (level) of certificate \_\_\_\_\_

Area (field) of certification \_\_\_\_\_

**Please check intended Specialist in Education Program (EdS)**

Early Childhood Education

Educational Leadership

Middle Grades Education

School Counseling

Secondary Education in:

English Language Arts

Science

Mathematics

Social Science

**Teaching Experience Must Be Verified By Superintendent of Schools for EdS Applicants:**

Number of Years of Experience: \_\_\_\_\_

Field of Experience: \_\_\_\_\_

Signature of Superintendent \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Date \_\_\_\_\_

**ADDITIONAL INFORMATION**

1. Have you ever applied to CSU as an undergraduate or graduate student?  Yes  No If yes, date \_\_\_\_\_, \_\_\_\_\_

2. Have you ever been enrolled at CSU as an undergraduate or graduate student?  Yes  No

3. Are you currently enrolled in the last institution attended?  Yes  No

If yes, request final transcript be sent to the CSU Admissions Office.

4. Telephone number where you can be reached during the day \_\_\_\_\_

5. State briefly why you want to attend CSU \_\_\_\_\_

6. If you will need any special services while on campus because of a disability, please contact our Office of Disability Services at 568-2330.

7. Are you currently active duty military or a dependent of someone active duty military?  Yes  No

If yes, contact the Admissions Office for possible waiver of non-resident fees.

8. Have you ever been convicted of anything other than a traffic violation?  Yes  No

**All applications and documents required must be received in the Admissions Office by the published deadline date.**

**CERTIFICATION**

I agree to abide by CSU regulations. I certify that the information furnished in this application is complete and true.

Signature \_\_\_\_\_ Date \_\_\_\_\_

