



Office of Recruitment and Admissions

2000 Clayton State Boulevard
Morrow, GA 30260-0285
Phone: (678) 466-4115
Fax: (678) 466-4149
www.clayton.edu



APPLICATION FOR ADMISSION

TERM ENTERING (CIRCLE ONE): FALL SPRING SUMMER YEAR

Social Security Number *

Last Name First Name Middle Name Other Last Name(s)

Current Mailing Address Street Apt. No.

City State Zip County

Home Telephone () Work Telephone ()

Cell Phone () E-mail address

Permanent Phone Number ()

Permanent Street Address Apt. No. City State Zip County

Male Female Date of Birth / / Place of Birth: City State

CITIZENSHIP STATUS: U.S. citizen Alien, resident Alien, non-resident

ETHNICITY: Please answer the following two questions. (optional)

Are you Hispanic or Latino? Yes No

What is your race? (Choose one or more) American Indian or Alaskan Native Asian Black or African American
Native Hawaiian or Other Pacific Islander White

Clayton State University is required to report sex and race/ethnic information to certain federal and state agencies as those data relate to civil rights compliance.

ANTICIPATED MAJOR:

ENTERING STATUS: (check one)

Application Type: Freshman Transfer Non-Traditional Post-baccalaureate Transient
 Dual Enrollment Transitioning Dual Enrollment Auditor

Check here if you are a Georgia resident age 62+ (Proof of age will be required)

Do you plan on attending Clayton State as a full-time or part-time student? Full-time Part-time

Where do you plan to take courses? Main campus (Morrow) Fayette campus (Peachtree City)
 Henry campus (McDonough) eCore online courses only

Do you plan to live on campus (see Freshman Live On-Campus Requirement, www.clayton.edu)? No Yes

Do you plan to apply for financial aid? No Yes

If you are transferring from a University System of Georgia college, did you take the Regents Exam? No Yes

Father's Name

Mother's Name

Last, First, Middle, Suffix (Jr., III, etc.)

Last, First, Middle, Suffix (Jr., III, etc.)

Father's highest level of education (check one)

Mother's highest level of education (check one)

Less than high school diploma High school diploma
 Technical School Some college
 Bachelor's degree Graduate degree

Less than high school diploma High school diploma
 Technical School Some college
 Bachelor's degree Graduate degree

IN CASE OF EMERGENCY, NOTIFY:

Name _____ Relationship _____

Address _____ Telephone (_____) _____

PREVIOUS EDUCATION: You MUST list ALL colleges / universities you have previously attended (attach additional sheets if necessary). You must contact previous colleges and request that official transcripts from each institution be submitted to the Office of Recruitment and Admissions by the posted deadline.

Complete Name of School	Location: City & State	Did you Graduate?	Dates Attended From-To	Degree / Diploma Earned
Last High School:				
Last College:				
College:				
College:				
College:				
College:				

Are you currently attending classes at the last institution above? No Yes When will you finish? _____

Have you previously attended Clayton State University for credit? No Yes When? _____

Have you taken the SAT? No Yes When? _____ Have you taken the ACT? No Yes When? _____

Have you been convicted of a felony? No Yes When? _____ Where? _____

Brief description of charges which resulted in conviction: _____

RESIDENCY: In general, in-state residency for tuition purposes in the University System of Georgia requires full-time domicile residency in the state of Georgia for at least twelve (12) consecutive months prior to your first enrollment. We will review all responses to assure that students meet the residency policies set by the Board of Regents for the University System of Georgia.

For a complete description of residency regulations, visit http://www.usg.edu/student_affairs/faq/residency/

Do you claim to be a legal resident of Georgia? Yes No

If "No," in which state/country do you reside? _____

If "Yes," in which Georgia county do you reside? _____

How long have you continuously resided in Georgia? _____ years / _____ months

Are you applying for in-state tuition? Yes No

INTERNATIONAL STUDENTS ONLY

What type of VISA do you currently hold? _____ What is your country of residence? _____

Do you need an I-20 Certificate of Eligibility? No Yes

What is your native language? _____

Have you taken the Test of English as a Foreign Language (TOEFL)? No Yes When? _____

Or the Georgia State English Proficiency Examination (G-STEP)? No Yes When? _____

Or the International English Language Testing System (IELTS)? No Yes When? _____

ADDITIONAL INFORMATION

How did you hear about Clayton State University programs?

What other schools are you applying to? _____

By checking the boxes below, I authorize Clayton State University, Office of Recruitment and Admissions, to discuss my application with:

My parent/guardian (name) _____ (phone number) _____

My high school guidance counselor (name) _____ (phone number) _____

Other (name) _____ (relationship) _____ (phone number) _____

I understand that any material false statement made knowingly and willfully 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.

I understand that if I do not enroll for the term indicated, I may update my application for no more than two subsequent terms by contacting Clayton State University's Office of Recruitment and Admissions. After this time, a new application and fee will be required.

Signature _____ **Date** _____

If the applicant is age 17 or younger, the applicant's parent or legal guardian must sign below.

I certify that I am the applicant's parent or legal guardian, and that I have read through this completed application. I do give permission for him/her to apply for admission to Clayton State University.

Parent/guardian signature _____ **Date** _____

Clayton State University does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs and activities. Clayton State University is an Affirmative Action/Equal Employment Opportunity institution. For EEO questions or concerns, please contact the Office of Human Resources at (678) 466-4230. Individuals requiring disability-related accommodations for participation in any program or event, or to obtain print materials in an alternative format, should contact the Disability Resource Center at (678) 466-5445 or e-mail DisabilityResourceCenter@clayton.edu.

Clayton State University is required to collect social security numbers for legitimate business and statistical reporting purposes. Social security numbers shall be considered confidential information and only disclosed according to appropriate state and federal disclosure and privacy laws.

OFFICE USE ONLY: App. Fee Rec'd with App. on ___/___/___ Check No. _____ Money Order _____ Cash by _____