

# GRADUATE REENTRY APPLICATION

## \$25 Reentry application Fee



Georgia State University School of Public Health  
 Office of Academic Assistance and Career Services  
 P.O. Box 3984, Atlanta, GA 30302-3984  
 Phone: 404-413-1452 Fax: 404-413-1489

Reentry term:  Spring (Jan-May)  Summer (May-Aug)  Fall (Aug-Dec) Year \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Former Any other names used

Panther ID: \_\_\_\_\_ Sex:  Male  Female Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Nationality \_\_\_\_\_ Visa Type \_\_\_\_\_  
Month/Day/Year

Address \_\_\_\_\_  
Street Address or Box Number City State Zip Code

Cell/Home Phone Number ( ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Degree Program You Are Seeking Re-Entry to:

- MPH  PhD  Certificate in Public Health

What semester did you begin enrollment in the School of Public Health degree program for which you are now seeking re-entry to:

- Fall  Spring Year: \_\_\_\_\_

What was the last semester you successfully completed a degree-applicable Public Health course at GSU:

- Fall  Spring Year: \_\_\_\_\_

Are you applying for re-entry because you did not previously satisfy the continuous enrollment policy of the School of Public Health?  Yes  No

List of schools attended since last enrolled at Georgia State:

**Please submit official copies of all transcripts to the Office of Academic Assistance and Career Services:**

Name of School	Enrolment Period		Check Type of Coursework
	From	To	
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
			<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date form was completed and signed**

Any omission or misrepresentation of facts or failure to furnish the correct information the Office of Academic Assistance will automatically invalidate the readmission of any student.

## Personal Statements:

On a separate sheet of paper, please answer the following questions, in 250 words or less:

1. What circumstances led to you leaving your previously admitted School of Public Health degree program? If you were issued a registration hold for lack of adherence to the continuous enrollment policy, please address what circumstances inhibited your ability to complete 6 credit hours over the course of three semesters.
2. As you seek re-entry into your previous degree program, what circumstances have changed in your life (work, time management, finances, etc.) that will now allow you to complete the program successfully? If you were required to apply for re-entry due to the continuous enrollment policy, you must also outline how many semesters you will require to complete the degree in a timely manner, as well as outline what courses you plan to take during which ensuing semesters – to illustrate progression to degree completion. You must be enrolled in 6 or more credit hours per semester upon re-entry.

## Additional Information:

**Required Information:** (All questions must be answered and you must provide detailed explanations for any yes answers. Include additional pages if needed.)

Are you ineligible (NOT eligible) to enroll at any previously attended institution? (If yes, you must list corresponding dates and provide a concise statement of the circumstances surrounding your ineligibility.) Yes  No

---

---

Are you currently on or have you ever been placed on academic probation, suspension, exclusion, or any other type of academic warning at any previously attended institution? (If yes, you must list corresponding dates and provide a concise description of the circumstances.) Yes  No

---

---

Are you currently charged with, or have been found guilty of, any violation of academic honesty, honor code, or conduct regulations of a previously attended institution? (If yes, you must list each separate charge pending against you or with which you have been found responsible. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)

Yes  No

---

---

Have you left a previous institution while there were pending charges of any violation of academic honesty, honor code, or conduct regulation? (If yes, you must list each separate charge pending against you. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.) Yes  No

---

---

Are you currently charged with, or have been found guilty of, any violation of a federal, state, or municipal law, regulation or ordinance other than minor traffic violations, including offenses for which any type of first offender status have been granted? (If yes, you must list each separate charge pending against you or for which you have been convicted. Dead-docketed charges constitute pending charges and must be disclosed. For each charge, you must list the corresponding dates and provide a concise description of the circumstances. For example, if you have been charged with D.U.I., underage drinking, and possession, you must list all three individual charges even though they stem from the same incident.) Yes  No

---

---

Have you ever entered a plea of guilty, no contest, nolo contendere, an Alford plea, or otherwise accepted responsibility for the commission of a crime? (If yes, you must list each separate charge for which you have entered such a plea or admission of responsibility. For each charge, you must list the corresponding dates and provide a concise description of the circumstances.)  
Yes  No

---

---

Have you received any type of discharge from military service other than an honorable discharge? (If yes, you must list all individual charges for which you were found responsible. For each charge you must list the corresponding dates and provide a concise description of the circumstances that prevented you from receiving an honorable discharge.) Yes  No

---

---

**MILITARY SERVICE INFORMATION**

Are you currently active duty, a veteran, a member of the National Guard, or a Reservist in the U.S. Armed Forces?  
\_\_\_ Yes \_\_\_ No

If "Yes" to the above then, please specify: \_\_\_ Active Duty \_\_\_ National Guard \_\_\_ Reservist \_\_\_ Veteran

If "Active Duty" to the above then, which branch? \_\_\_ Air Force \_\_\_ Army \_\_\_ Coast Guard \_\_\_ Marine Navy \_\_\_ Uniformed Services

What is your home state of record? Are you stationed or assigned to Georgia? \_\_\_ Yes \_\_\_ No

If "National Guard" or "Reservist" to the above then, are you stationed or assigned to Georgia? \_\_\_ Yes \_\_\_ No

Are you the spouse or dependent child under the age of 24 of someone who is currently active duty, a veteran, a member of the National Guard, or a Reservist in the U.S. Armed Forces? \_\_\_ Yes \_\_\_ No

If "Yes" to the above, then please specify current status/component of the military member:  
\_\_\_ Active Duty \_\_\_ National Guard \_\_\_ Reservist \_\_\_ Veteran

If "Active Duty" to the above, then:

Military member's branch of service: \_\_\_ Air Force \_\_\_ Army \_\_\_ Coast Guard \_\_\_ Marine \_\_\_ Navy \_\_\_ Uniformed Services

Military member's home of record: Is the military member stationed or assigned to Georgia? \_\_\_ Yes \_\_\_ No

If "National Guard" or "Reservist" to the above, then is the military member stationed or assigned to Georgia? \_\_\_ Yes \_\_\_ No

**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.**

---

### **IMPORTANT: THIS FORM MUST BE SIGNED**

*I certify that the information provided on this application and any attached documents is true and accurate to the best of my knowledge and understand that omissions or falsifications may result in withdrawal of a decision to accept me or in disciplinary action. I understand that I must request and provide official transcripts to the School of Public Health from all previously attended colleges or universities attended (including Georgia State University) before I may be considered for admission. I further understand that I may be required to furnish additional information or take additional tests to be considered for admission.*

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Georgia State University, a unit of the University System of Georgia, is an equal opportunity educational institution and is an equal opportunity/affirmative action employer.

### **LAWFUL PRESENCE REQUIREMENT**

The Board of Regents of the University System of Georgia requires that any student applying to Georgia State University must provide verification of their lawful presence in the United States before their admission to the university can be finalized.

This requirement is detailed in the following Board of Regents policies:

[Policy 4.1.6 Admission of Persons Not Lawfully Present in the United States](#)

[Policy 4.3.4 Verification of Lawful Presence](#)

While not required at the time of application, providing one of the following documents may expedite your verification process. Please submit a black and white copy of one of the items listed below with your application. Please note, only U.S. Citizens and Permanent Residents should submit documentation.

Please submit a copy of one of the following documents:

- Current U.S. Passport
- Current GA Driver's License issued by the State of Georgia after January 1, 2008
- Current GA ID Card issued by the State of Georgia after January 1, 2008
- U.S. Certificate of Naturalization
- U.S. Certificate of Citizenship
- U.S. Certificate of Birth Abroad
- Permanent Resident Card