

Term of
Enrollment
Fall 20____
Spring 20____



GEORGIA ACADEMY of AVIATION MATHEMATICS ENGINEERING & SCIENCE

Middle Georgia State College, 1100 Second Street, Cochran, GA 31014-1599
Voice: 478-934-3471 Fax: 478-934-3499 Email: games@mga.edu

Personal Information

Full Name _____ SS# _____
Last, First, Middle, Suffix (Please give full middle name)

Address _____
Street City

County State Zip Date of Birth _____

Home Phone _____ Parent Cell _____

Student Cell _____ Student Email _____

I am a: Born U.S. Citizen State of Birth _____ County of Birth _____

Naturalized Citizen (Provide Certificate of Naturalization)

Alien (Foreign Non-Resident) Current Visa Type _____

Resident Alien (Foreign - U.S. Resident) *Submit copy of both sides of alien resident card.*

What is your country of citizenship? (if not the U.S.A.) _____

Father's Name _____ E-mail _____

Mother's Name _____ E-mail _____

Essay, References, and Fees

- ✓ Please compose and include an essay of at least 350 words on the following topic - "My Autobiography - Written in the Year 2035"
- ✓ Please detach and have the included reference forms completed. **Reference forms may be mailed separately or if returned with student's application, in a signed, sealed envelope.**
- ✓ Please attach a list of any high school honors or awards you have received
- ✓ Please attach a list of your club, athletic, community, and volunteer activities.
- ✓ Have your counselor provide us with your academic transcript.
- ✓ Please submit a \$20.00 application fee.
- ✓ If you have special needs because of any type of disability, please call the MGC Director of Student Services at 478-934-3023.

Affirmative Action/Equal Employment and Educational Opportunity Institution.

This institution does not discriminate with regard to sex, race, national origin or disability. Several items request information to be included in Federal and State reports which collect data on equal opportunity for education or employment.

Tuition Classification Information

RESIDENCY INFORMATION:

1. University System of Georgia students are responsible for registering under the proper tuition classification. In general, classification of in-state status for tuition purposes requires an individual to have established domicile in Georgia for a minimum 12 consecutive months immediately preceding the first day of classes for the term in which the student plans to enroll.
2. Domicile is defined as a person's present, permanent home where the individual intends to stay indefinitely and to which that individual returns following periods of temporary absence. Temporary residence does not constitute the establishment of one's domicile.
3. Residency is defined as the state and country where an individual currently lives. An individual may reside in Georgia without having established domicile in Georgia.
4. Please note that this brief explanation of residency does not encompass all the rules on residency. If the applicant is in doubt about residency status, please contact the Admissions office at (478) 471-2800 or (478) 934-3103.
5. The Board of Regents of University System of Georgia (USG) has recently instituted new policies that affect all applicants who seek in-state tuition at USG institutions. According to USG policy, individuals who apply, or are re-entering for Fall 2011 and beyond must submit documentation of US citizenship or permanent residency before being considered for in-state tuition.

Are you applying for in-state tuition? Yes No

How long have you lived in Georgia? _____ yrs. _____ mos.

State of Legal Residence _____

Are you dependent of active duty? Yes No

If YES, which branch? Air Force Army Coast Guard Marine Navy

Which component? Active Reserve National Guard

Current Status? Discharged Retired Serving

What is the highest level of education obtained by your parent(s)/guardian(s)?

Parent/Guardian 1: _____ Parent/Guardian 2: _____

A - Less than high school

B - High school diploma or equivalent (e.g., GED)

C - Some college but no formal award

D - Certificate, less than an Associate's degree

E - Associate's degree (A.A., A.S., etc.)

F - Bachelor degree (BA, BS, etc.)

G - Master's degree (M.A., M.S., etc.)

H - Doctoral/Professional degree (Ph.D., M.D., J.D., etc.)

I - Unkonwn

Educational History

Major you will pursue at GAMES _____ Year of HS Graduation 20 _____

Though you may be undecided and your major may change during your enrollment, you must declare a major so that you can be registered.

I plan to earn my associate bachelor degree from MGSC.

List all high schools, or preparatory schools attended in 9th grade or higher.

If you have attended more than one high school, have your previous school mail a disciplinary record or a letter that no record exists.

NAME OF SCHOOL	ADDRESS	GRADES ATTENDED

Current HS Counselor's Name _____

Counselor's Telephone _____ Email _____

I am a home school student.

Test Scores

I plan to take the SAT/ACT _____

Please list scores from all test taken. Scores must be received from College Board, ACT or printed on the student's high school transcript.

Note: It is not necessary to have SAT/ACT scores prior to applying. If needed, MGC offers the Institutional SAT (ISAT) in July and August.

SAT Scores

DATE TAKEN	CRITICAL READING	MATH

ACT Scores

DATE TAKEN	ENGLISH	MATH	COMPOSITE

AP, IB, College Credit

NAME OF COURSE	INSTITUTION		
		<input type="checkbox"/> AP <input type="checkbox"/> IB <input type="checkbox"/> College	<input type="checkbox"/> Completed Scored _____ <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Will complete prior to enrollment
		<input type="checkbox"/> AP <input type="checkbox"/> IB <input type="checkbox"/> College	<input type="checkbox"/> Completed Scored _____ <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Will complete prior to enrollment
		<input type="checkbox"/> AP <input type="checkbox"/> IB <input type="checkbox"/> College	<input type="checkbox"/> Completed Scored _____ <input type="checkbox"/> Currently Enrolled <input type="checkbox"/> Will complete prior to enrollment

Signature and Verification

- Yes No Have you ever been convicted of a crime other than a minor traffic offense?
 Yes No Are there any criminal charges currently pending against you?
 Yes No Have you entered a plea of guilty, no contest, nolo contendere, an Alford plea or a plea under a first offender act?

Ethnicity is requested for statistical purposes only. *This question is optional.*

- Multiracial (check all that apply) White Black American Indian/Alaska Native Asian
 Native Hawaiian or Pacific Islander Are you Hispanic or Latino? yes no

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

Applicant's Signature _____

Parent of Legal Guardian Signature _____

Middle Georgia State College is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate and select baccalaureate degrees. Contact the Commission on Colleges at 1866 Southern Lane, Decatur, Georgia 30033 or call 404-679-4500 for questions about the accreditation of Middle Georgia State College. The nursing program is approved by the Georgia Board of Nursing and is accredited by the National League for Nursing. The occupational therapy assistant program is accredited by the Accreditation Council for Occupational Therapy Education. Admissions policies, activities, services, and facilities of the College do not exclude any person on the basis of race, color, age, sex, religion, national origin or disability. Middle Georgia State College is an Affirmative Action Program Institution. Any individual who requires assistance under the College's Affirmative Action Program should contact the designated Title IX or Section 504 Coordinator: Title IX Contact (for non-students): Director of Human Resources, Jackson Hall, 478-934-3082; Title IX Contact (for students): Registrar, Grace Hall, 478-934-3136; Section 504 Contact (students and non-students): Director of Student Services, Jackson Hall, 478-934-3023.



Macon Campus: 100 College Station Drive, Macon, Georgia 31206 Phone (478) 471-2800
Cochran Campus: 1100 Second Street SE, Cochran, GA 31014 Phone (478) 934-3103

DOCUMENT LIST FOR VERIFICATION OF LAWFUL PRESENCE

The Board of Regents of University System of Georgia (USG) has recently instituted new policies that affect all applicants who seek in-state tuition at USG institutions. According to USG policy, individuals who apply, or are re-entering, for Fall 2011 and beyond must submit documentation of US citizenship or permanent residency before being considered for in-state tuition. The following documents serve as proof of lawful presence in the United States. One of the following is required before you are eligible for in-state tuition:

- Present an original birth certificate or send a certified birth certificate showing the applicant was born in the US or a US territory. **Photocopies are not acceptable.** You may bring the original birth certificate to the student's interview, and we will make a copy.
- Copy of a current US passport.
- Copy of a current driver's license/ID issued by the state of Georgia after January 1, 2008. (Note: A limited license or a license issued for a period of less than two years (i.e. permit) is **not** acceptable.
- Copy of a US certificate of naturalization.
- Copy of a US certificate of citizenship.
- A US certificate of birth abroad issued by the Department of State or a consular report of birth abroad.
- A current, valid Permanent Resident Card (USCIS form I-151 or I-551).

If you do not provide any of the above documentation, regardless of how long you have lived in Georgia, you will be classified as an out-of-state student and must pay out-of-state tuition. To avoid paying out-of-state tuition (if you believe you qualify for the in-state rate), submit one of the above documents as soon as possible. Once documentation is received, your application will be evaluated for in-state tuition. *Please Note: If you have been classified as an out-of-state student for tuition purposes, verification of lawful presence in the United States may not change your status as an out-of-state student. Additional information may be needed.*

Counselor Evaluation

To The Applicant

Please complete this section prior to giving to counselor.

_____	_____	_____	_____
Last Name	First Name	Middle Initial	
_____	_____	_____	_____
Street Address	City	State	Zip

Telephone Number			

As a prospective student of GAMES, I grant permission to release all school data in support of my application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

_____	_____
Student Signature	Date

As parent/guardian of the named student, I grant permission to release all school data in support of my son's/daughter's application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

_____	_____
Parent/Guardian Signature	Date

To The Counselor

How familiar are you with the student applying for admission to GAMES regarding his/her ability, motivation, and maturity?

- Very familiar
- Somewhat familiar
- Not Familiar (Please answer the next 2 questions, and sign on the reverse side.)

Does the student have any infractions on his/her disciplinary record? Yes No

If yes, please attach the disciplinary record.

This student ranks ____ out of ____.

We do not rank. This student is in the top ____ percentile of his/her class.

Concerning this student's academic success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Concerning this student's social success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Ratings

Please circle the appropriate response for each quality possessed by the student

Motivation	Outstanding	Above Average	Average	Below Average
Maturity	Outstanding	Above Average	Average	Below Average
Leadership	Outstanding	Above Average	Average	Below Average
Social	Outstanding	Above Average	Average	Below Average
Emotional	Outstanding	Above Average	Average	Below Average
Ethics	Outstanding	Above Average	Average	Below Average

Please provide comments concerning this student in general and on your thoughts of his/her applying to GAMES? _____

Signature

Please Print Name

Signature

Date

High School _____

Thank you for taking the time to complete this form!

Please return this form to the student in a signed, sealed envelope, or mail to:
GAMES Admissions
1100 Second Street
Cochran GA 31014

Math Teacher Evaluation

To The Applicant

Please complete this section prior to giving to your math teacher reference.

Last Name

First Name

Middle Initial

Class Taken from this teacher

Grade earned in the class

I took this class in the 9 grade 10 grade

As a prospective student of GAMES, I grant permission to release all school data in support of my application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Student Signature

Date

As parent/guardian of the named student, I grant permission to release all school data in support of my son's/daughter's application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature

Date

To The Teacher

How long have you known this applicant? _____

In what high school class did you teach this applicant? _____

Does the student have a problem with tardiness? Yes No

Does the student have a problem with absenteeism? Yes No

If yes to either question, please expound _____

Concerning this student's academic success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Concerning this student's social success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Ratings

Please circle the appropriate response for each quality possessed by the student

POTENTIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
MATURITY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
LEADERSHIP	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SOCIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
INQUISITIVENESS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
PERSISTENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
WORK ETHIC	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SELF-CONFIDENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
RESPECT FOR OTHERS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE

Please provide comments concerning this student in general and on your thoughts of his/her applying to GAMES? _____

Signature

Please Print Name

Signature

Date

High School _____

Thank you for taking the time to complete this form!

Please return this form to the student in a signed, sealed envelope, or mail to:
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1100 Second Street
Cochran GA 31014

Science Teacher Evaluation

To The Applicant

Please complete this section prior to giving to your science teacher reference.

Last Name

First Name

Middle Initial

Class Taken from this teacher

Grade earned in the class

I took this class in the 9 grade 10 grade

As a prospective student of GAMES, I grant permission to release all school data in support of my application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Student Signature

Date

As parent/guardian of the named student, I grant permission to release all school data in support of my son's/daughter's application to GAMES, and I waive my rights to review any comments or information included in this evaluation form or supporting documents.

Parent/Guardian Signature

Date

To The Teacher

How long have you known this applicant? _____

In what high school class did you teach this applicant? _____

Does the student have a problem with tardiness? Yes No

Does the student have a problem with absenteeism? Yes No

If yes to either question, please expound _____

Concerning this student's academic success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Concerning this student's social success in GAMES, I am

- Confident
- Ambivalent
- Concerned

Ratings

Please circle the appropriate response for each quality possessed by the student

POTENTIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
MATURITY	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
LEADERSHIP	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SOCIAL	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
INQUISITIVENESS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
PERSISTENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
WORK ETHIC	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
SELF-CONFIDENCE	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
RESPECT FOR OTHERS	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE

Please provide comments concerning this student in general and on your thoughts of his/her applying to GAMES? _____

Signature

Please Print Name

Signature

Date

High School _____

Thank you for taking the time to complete this form!

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