



2500 Walton Way
Office of the Registrar
Augusta, GA 30904-2200
(706) 737-1408

Former Student Application

For Office Use Only

Class: _____
Status: _____
Major: _____
Hold: _____
Last Enrolled at ASU _____
Legal Document Needed: _____

Semester for which you are applying: Fall Spring Summer

Has it been two years since your last enrollment at ASU? **Yes** **No**

If no, you will follow the catalog you were following when last enrolled. If yes, you will follow the catalog currently in effect.

Student ID number: _____ Date of Birth _____

Name: _____
Last First Middle Initial

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone Number (Home): _____ (Alternate) _____

Previous Last Name - If Different on Previous Records (Certified documentation required)

Sex: Male Female Ethnic Origin _____ E-mail _____

Are you a legal resident of Georgia? *** Yes, _____
County - Length of Time

No, _____
State of Residence - County - Length of Time

*** To qualify as a legal resident of Georgia, you must first have resided in Georgia for at least twelve consecutive months immediately preceding the desired semester of entrance.

Are you a U.S. Citizen? Yes No If no, country of citizenship? _____

What is your Visa type? _____

What is your intended degree? _____ What is your intended major? _____

I certify that I have not been enrolled in another institution since I was last enrolled in Augusta State University and that all statements made on this application are true.

Signature

Date

Former student applications are due at least **30 days** prior to the desired semester of re-entry and are for returning students who have not attended another institution since attending Augusta State University and have not been enrolled at ASU for two years or more.