School of Graduate Studies
Armstrong Atlantic State University
2nd Floor, Victor Hall, 11935 Abercorn Street, Savannah, Georgia 31419
Phone (912) 344-2798 Fax (912) 344-3488
E-mail: Graduate@armstrong.edu

APPLICATION FOR TRANSIENT STATUS

(All Transient Students Must Submit a Letter of Good Standing from the Registrar's Office of their home institution, immunizations, original transcript showing minimum of a bachelor's degree & $30 non-refundable processing fee for admission)

Term/year you plan to enter: Fall ____ Spring ____ Summer_____

Home Institution:_____ Date of Birth: _____/_____/_____

AASU Student ID: _____ - _____ - _____ Social Security Number: _____ - _____ - _____

Biographical Information:

Name: _____
last first middle Jr., III, etc

Mailing Address:_____
street city state zip

Home Phone: _____ Work Phone: _____ E-mail: _____

Residency Information:
How long have you lived in Georgia? _____Year(s) _____ Month(s)

To what state did you pay income taxes for the current tax year? _____

Are you active duty military or a dependent spouse/child of active duty military? ____ Yes ____ No

If yes, Home state of record _____ *(Please provide a copy of orders stationing active duty member in GA. AND a copy of the front and back of your valid military ID card).*

Citizenship status: _____ U.S. Citizen by birth _____ U.S. Citizen by naturalization *(provide copy of naturalization certificate or copy of U.S. passport)* ____ Alien, non-resident (*Please provide a copy of your current visa status)* ____ Alien, resident *(Please provide a copy of your Alien Registration Card, I-151 or »Green Card »)*

College Data : Baccalaureate Degree Earned _____ Year_____

Institution where degree was earned_____

Certification:
I certify that all statements made in this application are complete and true. I also understand that falsification of or failure to provide information requested may result in my immediate dismissal and/or loss of all credits from the university. If my application is accepted and I become a student, I agree to abide by the published regulations of the university and the policies of the Board of Regents of the University System of Georgia.

Signature of Applicant _____ Date _____
(Please note—students may be transient for only 2 consecutive semesters. A NEW letter of good standing MUST be submitted before registration is allowed for the 2nd semester. Financial aid questions should be directed to your home institution.)

The back of this page **MUST** be completed by your Academic Advisor/Dept. at your **home** institution!!

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Name: _____
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To be completed by Academic Department

Course(s) Section Title CRN

_____

_____

_____

Approved by: Advisor

_____ _____Date: _____
Print name & Signature