

Please enter your information in each of the following sections. Fields with a red asterisk (*) are required and must be completed before you can submit your application. Additional questions may become required based on your answers to a previous question.

Name

Prefix

First Name *

Middle Name

Last Name *

Suffix

Alternate Last Name

Gender

Contact

Home Phone *

478-387-4387

Email Address *

christopher.parks07@gmail.com

Cell Phone

Work Phone

Permanent Address

Check if address is outside of U.S. or Canada

Address *

201 E. Greene Street

Address (cont)

City *

Milledgeville

State/Province

Georgia



Zip/Postal Code

31061

County

Are you a U.S. citizen? *

Yes No

State of legal residence

Social Security Number (9 digits only, no dashes or spaces) *

SSN is required for U. S. Citizens as part of the federal financial aid application procedures.

Birth Date *

(mm/dd/yyyy)



How did you first learn about GMC?

FRIEND



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Ethnicity Information

The information you provide in this section will not be used in a discriminatory manner. It is used for federal educational reporting information only.

Race / Ethnicity

Check all applicable

- | | |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> Two or More Races |
| <input type="checkbox"/> Race and ethnicity unknown | <input type="checkbox"/> I prefer not to respond |

Please enter your information in each of the following sections. Fields with a red asterisk (*) are required and must be completed before you can submit your application. Additional questions may become required based on your answers to a previous question.

Academic Plans

Location *

Please select the campus you would like to attend

Milledgeville

Anticipated Entry Term *

2017 Fall (Sep-Nov)

Admit Status

For more information on Admit Status please [click here](#).

First Time Freshman

Program of Study *

For more information on our Programs of Study please [click here](#).

Criminal Justice (AS)

Educational Goal

Choose the option that most accurately describes your educational goals.

Emergency Contact

Prefix

Relationship

First Name

Middle Name

Last Name

Suffix

Phone Number

Has either parent previously attended college? *

Yes No

Military Status

My Military Status is:

What is your current military affiliation?

I have no Military Affiliation

Military Rank/Rate

Federal Employee Grade

Military Service Affiliation

I want to be a GMC Cadet (Milledgeville Only)

Yes No

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I did or will receive a GED.

Yes No

I am Home Schooled

Please go to the GMC catalog for details on additional required documents for home school student admission: [click here](#).

Yes No

High School Information

Select the High School from which you graduated or intend to graduate

+ [Add High School](#)

Are you currently enrolled in college?

Yes No

College Attended

Select the +Add College tab below, to list all institutions you have attended or are currently attending. Please request official transcripts be sent to GMC from all institutions..

+ [Add College](#)

SAT Reasoning Test Scores

Please have official test scores sent to GMC.

I have taken or plan to take the SAT Reasoning test.

ACT Test Scores

Please have official test scores sent to GMC.

I have taken or plan to take the ACT exam.

TOEFL Test Scores

Please have official test scores sent to GMC.

I have taken or plan to take the TOEFL exam.

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Disciplinary History

Have you ever been suspended/dismissed/excluded from any college?

Disciplinary action includes any probation, suspension, removal, dismissal, or expulsion as a result of any academic or behavioral misconduct.

Yes No

Certification

Please affirm the following before you submit your application.

Do you certify the following? *

I understand that once my application has been submitted it may NOT be altered in any way.

Yes No

Do you certify the following? *

I certify that all of the information submitted in the application is my own work, factually true, and honestly presented. I authorize all schools attended to release all requested records and authorize review of my application. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation or expulsion, should the information I certified be false.

Yes No

Do you certify the following? *

I will not cheat, lie, steal, or tolerate those who do.

Yes No

The electronic signature consists simply of your name, typed by you on your keyboard. The signature is your confirmation that the application you have filled out is your own work and the information is factually true. Once you type in your name and the date, this will count as your electronic signature.

Signature Date *

9/2/2014

Signature *