

Savannah State University

Graduate Application for Admission



For Financial Aid information contact:

Financial Aid Office
Savannah State University
PO Box 20523
3219 College Street
Savannah, GA 31404
(912) 358-4162

For Housing information contact:
The Center for Residential Services &
Programs

Savannah State University
PO Box 20551
3219 College Street
Savannah, GA 31404
(912) 358-3132

SAVANNAH STATE UNIVERSITY

Graduate Application Checklist

Applicants are advised to keep a photocopy of the application and to contact the Office of Graduate Studies after submitting the completed application.

Return this checklist with your completed application package. Completed applications must be returned to:

Office of Graduate Studies
P.O. Box 20243
Savannah, GA 31404
USA

My completed application package includes:

- ☐ Completed application form
- ☐ Statement of Purpose (More than 500, less than 1000 words, please.)
- ☐ Two official transcript copies from ALL colleges attended OR date requested _____
- ☐ Required exam (Students are advised to take exams **no later than** one month prior to application deadline.)
- ☐ Three recommendations (enclosed in sealed envelopes with the recommender's signature across the seal)
- ☐ Résumé or Curriculum Vitae
- ☐ Certificate of Immunization
- ☐ Proof of Health Insurance (For all graduate students enrolled in programs that require proof of health insurance)
http://www.usg.edu/student_affairs/students/services_for_students/student_health_insurance_program_SHIP
- ☐ \$25.00 Application fee (make check/money order payable to Savannah State University)



Applying for admission: ☐ Master of Business Administration ☐ Master of Urban Studies and Planning
☐ Master of Marine Science ☐ Master of Public Administration
☐ Master of Social Work

PERSONAL DATA

Name: _____
Last First Middle

Have you attended another college/university under a different name? Yes _____ No _____

If yes, please indicate the name(s): _____

Current mailing address: _____
Number & Street City State Zip Code

County of Residence: _____ If applicable, my current address is valid until: _____

Permanent mailing address: _____
(If different from above) Number & Street City State Zip Code

Telephone numbers: (____) _____ (____) _____ (____) _____
Home Cellular Work

Email address: _____ Additional email address: _____
(Please note that email is our primary mode of communication)

Social Security Number: _____ SSU 915#: _____
(Former SSU students may have an assigned 915# for identification purposes)

Date of birth: _____ Are you applying for in-state tuition: Yes _____ No _____
Month Day Year

EMERGENCY CONTACT INFORMATION

Name: _____
Last First Relationship

Telephone numbers: (____) _____ (____) _____ (____) _____
Home Cellular Work

Savannah State University is required to report data on gender and racial/ethnic groups to certain federal and state agencies as the data relates to civil rights compliance. Your provision of this information is voluntary.

Gender: Male _____ Race/Ethnic Group: Are you Hispanic or Latino? Yes _____ No _____
Female _____ What is your race? (Select all that apply)
_____ White
_____ Black or African American
_____ Asian
_____ American Indian or Alaskan Native
_____ Native Hawaiian or Other Pacific Islander

INTERNATIONAL APPLICANT INFORMATION

Country of birth: _____ Country of citizenship: _____

Native language: _____

Type of Visa (circle one): F-1 F-2 J-1 J-2 H-1 H-2 B-1 B-2 Refugee Asylee Other Is this visa currently held? _____

If you are currently in the U.S. on one of the above visas, please provide a copy of the front and back of your form I-94 and if you are F-1 or J-1, a copy of your I-20 or DS-2019.

If you are a Permanent Resident Alien, please provide your alien number and date issued. _____
(Please submit a copy of your I-551 or I-151) Alien Number Date Issued

ACADEMIC HISTORY

List ALL colleges and universities including Savannah State University (if applicable). List the most recent first and attach additional sheets if necessary.

Name of Institution	City & State	Date First Attended	Date Last Attended	Major	Degree Awarded	Date Degree Received or Expected	GPA

PROFESSIONAL OR ACADEMIC AWARDS, HONORS OR DISTINCTIONS

List and provide the dates for any awards, honors or distinctions you have received. Please indicate the basis for selection if the award is potentially not well known.

Award, Honor or Distinction	Date Received or Awarded	Description & Basis of Selection of Award, Honor or Distinction

EMPLOYMENT EXPERIENCE

List ALL employment experience including volunteer work for the prior ten years starting with your current employer. Attach additional sheets if necessary.

Name of Employer	City & State	Date Employment Started	Date Employment Ended	Position Title	Ending (or current) Salary

Are you or will you be at the time of enrollment a current or veteran of the U.S. Armed Forces? Yes ____ No ____

If Yes:

Which Branch? (circle one)	Air Force	Army	Coast Guard	Marines
Which component? (circle one)	Active	Reserve	National Guard	Navy
Current status? (circle one)	Discharged	Retired	Serving	

COMMUNITY OR CIVIC ACTIVITIES SINCE UNDERGRADUATE EDUCATION

Activity or Organization	Number of Years Involved	Offices Held & Duration of Office

TEST SCORES AND DATES

All applicants are required to provide **OFFICAL** GMAT, GRE, and/or MAT scores taken within the past five years prior to admission. List ALL of your attempts on the Graduate Management Admissions Test (GMAT), Miller Analogies Test (MAT) and/or Graduate Records Exam (GRE) for the past five years.

Date Exam Scheduled or Taken	Exam Taken of Scheduled (GMAT or GRE)	Verbal Score	Quantitative Score	Total Score

International applicants whose native language is not ENGLISH or who have not earned a degree from a U.S. institution must take the Test of English as a Foreign Language (TOEFL).

Date Exam Scheduled or Taken	Computer Based TOEFL Score	Internet Based TOEFL Score	Paper Based TOEFL Score

RECOMMENDATIONS

List the three individuals that will provide recommendations for you. (Although you may submit recommendations from any individuals that can comment upon your management/leadership potential, it is recommended that two of the provided recommendations come from current or prior supervisors.)

	Name	Title	Company, Institution or Organization	Email Address
Supervisor				
Supervisor				
Other				

Have you ever been convicted by a federal, state or other law enforcement authority for a felony offense?

_____ Yes

_____ No

CERTIFICATION

"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."

Signature: _____ Date: _____

In accordance with Board of Regents Policy 4.3.4, all applicants who are accepted for admission or readmission to Savannah State University for Fall, 2011 or any academic semester thereafter, and who seek to be classified as in-state for tuition purposes, will be required to provide validation of residency and lawful presence in both the State of Georgia and the United States. Acceptance to the Savannah State University is conditional until lawful presence is verified.

Do you have questions about this form or application process? Please contact us at:

Telephone: 912-358-4195
Email: grad@savannahstate.edu
Fax: 912-356-2529

Please return this form to:

SAVANNAH STATE UNIVERSITY
Attention: Office of Graduate Administration
Box 20243
3219 College Street
Savannah, GA 31404

For additional information contact the program coordinator

Master of Business Administration	Master of Public Administration	Master of Social Work
Mrs. Cindy Kelly	Mr. Sylvester Murray	Dr. Lillian Reddick
Director of MBA	Professor-DPSPAUS	Professor of Social Work
(912) 358-3406	(912) 358-3216	(912) 358-3252
MBA@savannahstate.edu	MPA@savannahstate.edu	MSW@savannahstate.edu

Master of Marine Science	Master of Urban Studies and Planning
Dr. Carol Pride	Dr. Deden Rukmana
Associate Professor of Marine Sciences	Assistant Professor-DPSPA
(912) 358-4439	(912) 358-3218
MSMS@savannahstate.edu	MSUSP@savannahstate.edu