# 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 <b>no later than</b> 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) <a href="http://www.usg.edu/student_affairs/students/services_for_students/student_health_insurance_program_SHIP">http://www.usg.edu/student_affairs/students/services_for_students/student_health_insurance_program_SHIP</a>
\$25.00 Application fee (make check/money order payable to Savannah State University)



Applying for admission: ☐ Master of Business Administrat ☐ Master of Marine Science ☐ Master of Social Work		Urban Studies and Pla Public Administration	O
PERSONAL DATA			
Name: Last Fi	rst		ldle
Have you attended another college/university under a different name? Y		MIC	idie
If yes, please indicate the name(s):			
Current mailing address:			
Number & Street	City	State	Zip Code
Are you a legal, permanent resident of Georgia? YesNo _	If yes what cou	unty?	
If yes, how long have you lived continuously in Georgia immediately	prior to this application	n?	
If no, which state are you a resident?			
Permanent mailing address:			
(If different from above) Number & Street	City	State	Zip Code
Telephone numbers: () (	) Cellular	()	
Email address:	Additional email add	ress:	
Social Security Number:	SSU 915#:	ny have an assigned 915# for	identification purposes)
Date of birth: Month Day Year	Are you applying for	in-state tuition? Yes	No
EMERGENCY CONTACT INFORMATION			
Name: Last	First	Relation	shin
		()	
Home	Cellular	w	ork
Savannah State University is required to report data on gender and relates to civil rights compliance. Your provision of this information		certain federal and state	agencies as the data
Gender: Male Race/Ethnic Group: Ar	·	10? Yes No	
Wha Female	t is your race? (Select a White	ll that apply)	
	winte Black or African A	merican	
	Asian American Indian o	r Alackan Nativo	
		Other Pacific Islander	
INTERNATIONAL APPLICANT INFORMATION			
Country of birth:	Country of citizenship	p:	
	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 cur	rently held?
If you are currently in the U.S. on one of the above visas, please provi J-1, a copy of your I-20 or DS-2019.	de a copy of the front an	nd back of your form I-94	and if you are F-1 or
If you are a Permanent Resident Alien, please provide your alien numbe (Please submit a copy of your 1-551 or 1-151)		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.

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

Are you or will you  If Yes:	be at the time of enrollment a curren	t or veteran of th	ne U.S. Arn	ned Forces? Yes	No
	Which Branch? (circle one) Which component? (circle one) Current status? (circle one)	Air Force Active Discharged	Army Reserve Retired	Coast Guard National Guard Serving	Marines Navy

#### 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, GRE, or MAT)	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**

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.

For the validation purposes above, one of the following documents must be submitted with your <u>graduate application</u> (check submitted or enclosed documents below):

☐ Certified U.S. birth Certificate (no photocopies)	□ U.S. Certificate of Naturalization (USCIS form
	N-550 or N-570)
☐ GA Driver's License (issued after 1/1/2008)	☐ U.S. Certificate of Citizenship (USCIS form N-560
	or N-561)
☐ GA ID Card (issued after 1/1/2008)	☐ U.S. Certificate of Birth Abroad issue by Dept. of
	State (DS-1350)
☐ Current U.S. Passport	☐ Consular Report of Birth Abroad (FS-240)

"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 certif	v that	, to the	best	of mv	knowledg	e. th	e infor	mation	submitted	on this	s app	lication	is true	and	complete.	,,

Signature:	Date:	

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@savannahatate.edu	MSW@savannahstate.edu

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