



APPLICATION FOR ADMISSION

PLEASE ENCLOSE NON-REFUNDABLE \$25 APPLICATION FEE /\$40 INTERNATIONAL STUDENTS (PERSONAL CHECKS NOT ACCEPTED)

To complete the application process, you must send SAT or ACT scores, official high school and/or college transcripts, three reference letters or forms, and a typed autobiographical essay (500 word minimum).

Applicant Information

Email Address _____ Date of Birth _____
month day year

Name _____
last first middle jr, III, etc

Previous/Maiden Name(s) if applicable _____ Social Security No. _____

Current Address _____ Telephone () _____
street and apartment # or p. o. box

city state zip code country of residence (if not USA)

Permanent Address (if different from current) _____ Telephone () _____
street and apartment # or p. o. box

city state zip code country of residence (if not USA)

Biographical Information

<i>(Optional)</i>	<i>(Complete Applicable)</i>	<i>(Complete Applicable Items)</i>
<input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female MARITAL STATUS: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Legally Separated RELIGIOUS PREFERENCE _____	<input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> *Resident Alien *Country of Citizenship (if not U.S.A. _____)	<input type="checkbox"/> U.S. citizen by Birth <input type="checkbox"/> U.S. citizen by Naturalization <input type="checkbox"/> *Non-resident Alien <input type="checkbox"/> *Resident Alien Are you a legal resident of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES: How long? _____ <i>years months</i> If YES: County of Permanent Residence _____ If NO: What state? _____

Parent/Guardian Information

With whom do you live? Parent Guardian Spouse

Name _____
last first middle jr, III, etc

Address _____ Telephone () _____
street and apartment # or p. o. box

City state zip code country of residence (if not USA)

Parent(s) that attended Paine: Mother _____ Father _____

Admissions Classification

Term you plan to enter: Fall Spring Summer, 20____
year

Campus Site: Main Campus (Augusta, GA) Fort Gordon Campus (Ft. Gordon, GA)

Application Type: Freshmen (no prior college attendance) International Student
 Transfer Transient
 Early Admission Co-enrollment (Augusta State University)
 Non-Degree Seeking Student

Intended Major: Biology History Religion/Philosophy
 Business Administration Mass Communications Sociology
 Chemistry Mathematics Undecided
 Early Childhood Education Middle Grades Education Other _____
 English Psychology

Area of emphasis (if applicable) _____

Educational Background

LIST ALL PREVIOUS EDUCATIONAL EXPERIENCE

COMPLETE NAME OF SCHOOL	STREET ADDRESS, CITY, & STATE	ATTENDANCE		GRADUATION	DEGREE OBTAINED
		FROM	TO		
		MO/YR	MO/YR	MO/YR	
*HIGH SCHOOL		/	/	/	
MOST RECENT COLLEGE		/	/	/	
*COLLEGE		/	/	/	

* Attach additional sheets if necessary.

If transferring, how many credit hours (grades C or above) do you expect to have at the time you enroll at Paine? _____
 Quarter Hours Semester Hours

Please list your extracurricular activities and/or work experience. _____

1. Are you currently enrolled in the most recent institution listed above? YES NO
2. If you answer "yes" to any of the next three (3) questions, attach a letter giving details and return with this application.
 - a. Have you been convicted of any crime (other than traffic violations) or sentenced to a correctional or penal institution? YES NO
 - b. Has disciplinary action been taken against you at any educational institution attended? YES NO
 - c. Have you ever been on academic probation, suspension, or dismissal? YES NO
3. If you are not entering college following your high school graduation, or if you are applying for readmission to Paine, state how you have occupied your time. _____

Certification

I hereby pledge upon my word of honor that if my application for admission is accepted, I will conform to the regulations of the Paine College so long as I am enrolled. I certify that the forgoing information contained in this application is true and correct to the best of my knowledge, information, or belief. I understand that misrepresentation or omission of any information will be sufficient cause for rejection of this application or dismissal from Paine College.

X Applicant's Signature _____ Date _____

PLEASE ATTACH AUTOBIOGRAPHY WITH APPLICATION FEE AND RETURN TO:
 PAINE COLLEGE, OFFICE OF ADMISSIONS, 1235 FIFTEENTH ST., AUGUSTA, GA 30901-3182
 FOR ADDITIONAL INFORMATION PLEASE CALL 1-800-476-7703