

APPLICATION FOR THE BACHELOR OF SCIENCE IN BIOLOGICAL SCIENCES PROGRAM
NAME _____

FIRST

MIDDLE

LAST

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____

SCHOOL E-MAIL _____ **SECONDARY EMAIL** _____

Place a check by the Program track that you are interested in _____ Nature and Ecology _____ Pre-professional

ALL STUDENTS MUST COMPLETE AN APPLICATION TO SGSC AND BE ACCEPTED BY SGSC ADMISSIONS OR BE A CURRENTLY ENROLLED SGSC STUDENT.

Are you a current SGSC student? _____ YES _____ NO

Have you been accepted to SGSC? _____ YES _____ NO

If not, please complete the SGSC admissions application process as soon as possible.
ALL STUDENTS MUST SUBMIT NON-SGSC OFFICIAL, SEALED TRANSCRIPTS TO SGSC ADMISSIONS. *Currently enrolled students should not submit any transcripts unless student has attended another college/university.*
Please list all colleges and universities you have attended.

<i>College/University Attended</i>	<i>Dates of Attendance (Month/Year)</i>	<i>Degree Earned or Degree Working on</i>

Admission to the B. S. in Biological Sciences program is competitive; therefore, meeting the minimum requirements does not guarantee admission to the program. Applicants who, in the judgment of the Admissions Committee, present the strongest academic record and who show the most promise of success in the program will be accepted. If you require special accommodations, please contact the Office of Disability Services prior to admission.

All required documentation must be submitted to SGSC by the required application deadline for the program in order to be considered for admission. This application will remain on file during the current application cycle. Applicants must submit a new application for the next application cycle if they are not selected for this cohort. Please notify Kimberly Hunt, Chair, Sciences and Mathematics, regarding any changes of name, address, phone number or email.

I have read all of the information on this application, and I certify that the information submitted is complete, true, and correct to the best of my knowledge. I recognize that providing false or misleading information may lead to my expulsion from the program. If accepted, I agree to abide by the published regulations of the College.

SIGNATURE _____ **DATE** _____

Please mail your completed application to:
SOUTH GEORGIA STATE COLLEGE
 Dr. Kimberly Hunt- Chair, Sciences and Mathematics
 100 W. College Park Drive, Douglas, GA 31533-5098

Or

Email your completed application to:
 Dr. Kimberly Hunt at
kimberly.hunt@sgsc.edu