

Revised 11-14-16

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 the 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 or email your completed
application to: SOUTH GEORGIA STATE COLLEGE
SCHOOL OF ARTS AND PROFESSIONAL STUDIES
ATTN: DR. CHARLES SMITH, CHAIR OF BUSINESS
100 W. College Park Drive, Douglas, GA 31533-5098
charles.smith@sgsc.edu**