

College of Education
Grambling State University
APPLICATION FOR ADMISSION

(Print type or print legible)

SEMESTER _____ DATE _____

NAME _____

SSN _____ G# _____

GENDER: ____ Male ____ Female CLASSIFICATION _____

ADDRESS (Home) _____ (Local Mailing) _____
P.O. BOX or STREET P.O. BOX or STREET

CITY, STATE & ZIP CODE CITY, STATE & ZIP CODE

TELEPHONE NUMBER (Home) _____ (Local) _____
(A/C) (A/C)

DATE OF BIRTH _____ EMAIL ADDRESS _____

HIGH SCHOOL FROM WHICH GRADUATED: _____

ADDRESS: _____

HIGH SCHOOL GRADE POINT AVERAGE (Approximate): _____

ACT SCORE _____
Composite English Mathematics Science Reading

SAT SCORE Verbal _____ Mathematics _____

MAJOR _____ MINOR _____

ENTRY STATUS: _____ Incoming Freshman _____ Change of Major _____ University Transfer

SIGNATURE OF APPLICANT DATE

SIGNATURE OF ADVISOR DATE

SIGNATURE OF SCREENING OFFICER DATE

APPROVED: _____
DEAN DATE