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Grambling State University

Application for Undergraduate Admission

Application Fee (Non-Refundable) - \$20 (International Students - \$30)
Website: www.gram.edu/admissions/
E-mail: admissions@gram.edu
Telephone: 318.274.6183
1.888.863.3655

MAILING ADDRESS
Office of Admissions & Recruitment
Grambling State University
403 Main Street
Post Office Box 4200
Grambling, LA 71245

Please PRINT or TYPE – Use black ink only

Social Security Number:

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Application Term: ☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II

☐ HIGH ABILITY (Summer Program for Rising Juniors) ☐ NON-DEGREE

I am applying as a: ☐ New Freshman ☐ Transfer Student ☐ Former Student/Transfer ☐ Re-Admit ☐ Transient (visiting students)

NAME (Give full legal name. Do not use initials unless initials are your legal name).

Last	First	Middle	Former last names used on transcripts
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PERMANENT ADDRESS: _____ Gender: ☐ Female ☐ Male

City _____ State _____ Parish _____ Zip _____ Birth Date: _____

E-mail Address _____ Marital Status: ☐ Single ☐ Married Veteran: ☐ Yes ☐ No

MAILING ADDRESS: _____ Telephone: () _____

City _____ State _____ Parish _____ Zip _____ Religion: _____

Ethnic Origin: Your response to this question is optional and will not affect the admission decision.

Are you Hispanic or Latino? ☐ Yes ☐ No

Race: What is your race? (Please check all that apply)

☐ Black/African American ☐ White ☐ American Indian/Alaskan Native ☐ Asian ☐ Native Hawaiian/Other Pacific Islander

Citizenship: ☐ U.S. Citizen ☐ Non-Citizen, indicate country of citizenship _____ ☐ Resident Alien

Parent/Guardian or Emergency Contact: Name _____ Telephone () _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Residency Information for Tuition Purposes

☐ I have lived in Louisiana for more than two years.

☐ One (or both) of my parents (mother and father only or legal guardian) graduated from Grambling State University.

Parent's complete name while enrolled at GSU

Date of Birth

SSN

Graduation Date

High School

School Name: _____ City: _____ State: _____

Graduation Date: _____ GPA _____ Class Rank: _____ of _____ ACT/SAT Score _____

Prior College Experience

Have you ever enrolled at GSU as a regular student? ☐ Yes ☐ No Dates Attended: _____

List all colleges attended, including GSU. List most recent school first. Attach separate sheet, if necessary. **Failure to list all colleges attended may result in refusal of admission or dismissal from the University, if admitted.**

Previous College Name	City	State	Dates Attended	On Suspension? <input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

What is your desired major? _____

Disability Services

The Counseling Center, located on Central Avenue in the west wing of the Foster-Johnson Health Center, provides "helping, supporting, facilitating" mental health services essential to the university campus. ADA (Americans with Disabilities Act) Student Services are made available to students who make their needs known and request accommodations for disabilities that are verifiably documented. Students with disabilities should identify themselves with the Counseling Center before classes begin by calling (318) 274-3338.

Selective Service – (for U.S. males from ages 18 through 25)

I hereby swear or affirm under penalty of perjury, in accordance with the requirements of the Military Selective Service Act, and the requirements of State Law R.S. 17:3151, the following: (Check One)

- ☐ I am registered with the selective service system in accordance with the Military Selective Service Act; or
- ☐ I am not required to register with the selective service system because I am:
- ☐ Under eighteen (18) years of age,
 - ☐ In the armed forces of the United States on active duty, other than in a reserve or national guard unit,
 - ☐ Excused from registration for any other reason provided by federal law. (Reason must be included in an official statement).

Grambling State University is an equal opportunity educational institution and will not discriminate due to race, color, creed or religion, national origin, gender, marital or parental status, age, disability, veteran status, or political belief. This policy extends to all programs and activities supported by GSU.

Grambling State University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097; Telephone Number 404-679-4501) to award associate, baccalaureate, masters and doctoral degrees.

Applicant Signature

I certify that all statements on this application are true and complete and that no information has been withheld. I understand that any misrepresentation of this information may result in the cancellation of my admission or registration status and that falsifying documents or information on the application may result in immediate, permanent dismissal. Completion of this signed application permits Grambling State University to request and/or confirm any information necessary to support my application for admission. I do hereby authorize Louisiana Public Postsecondary Education access to my academic records. The use of the information in this application will be in compliance with the Freedom of Information and Protection of Privacy Act.

Signature of Applicant

Date