



Georgia College & State University
Campus Box 23, Milledgeville, Georgia 31061
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Update Form for Undergraduate Students Who Applied To or Attended GCSU Within the Past 12 Months

(Please Type or Print Neatly)

Full Name: _____

Mailing Address: _____

E-mail Address: _____

Daytime Telephone Number: (_____) _____

Social Security Number: _____

What was the last term that you *applied* to GCSU? _____

What was the last term that you *attended* GCSU? _____

What was the last school you attended? _____

What was or will be your last term at that institution? _____

Do you have 30 semester hours or more of college-level credit? Yes No

When do you plan to enroll with GCSU? Fall Spring Maymester Summer 20_____

What is your proposed major? _____

Which location do you plan to attend? Milledgeville Macon

Status (Choose One):

Beginning Freshman

Joint Enrollment

Post Baccalaureate

Returning

Second Undergraduate Degree

Transfer

Transient

Signature

Date

Please return to:
Georgia College & State University
Office of Admissions
Campus Box 23
Milledgeville, GA 31061