

1. Please read all instructions carefully. Type or print neatly in dark ink.
2. This application is ONLY for students who have been previously enrolled at GT as a Graduate Student. New first time graduate students must use the online application available at www.gradadmiss.gatech.edu/apply/apply_now.php.
3. If you are not currently in a graduate program at GT, you will also need to complete the Registrar's Readmission application. See registrar.gatech.edu/students/readmission.php for details.
4. Please submit a Statement of Purpose and request Three (3) letters of recommendation along with your application. GRE General Test scores must also be on file.
5. You are responsible for asking your recommenders to e-mail your recommendation to the graduate office or to provide you with a hardcopy letter of recommendation in a sealed envelope.
6. Applicants are only considered for admission for the same terms that external applicants are admitted for. Please check the admissions information available at <http://www.cc.gatech.edu/education/grad> to see the term(s) any specific program admits applicants.
7. You will not be able to check your application status through Graduate Admissions. To check your application status, please contact the graduate office where you turned in your application.
8. You must sign and date this application, verifying that all information is true and correct.

1. **Full Legal Name** _____
LAST NAME (Family) FIRST NAME (Personal / Given) MIDDLE NAME (or Initial) SUFFIX (Jr, etc.)
2. **Will we possibly receive records for you under any other name?** Yes No
 What Name(s)? _____
3. **Which GT graduate program are/were you enrolled in?** _____
4. **gtID** _____ 5. **GT E-mail Address** _____

6. Current Mailing Address

Street _____

City _____ State _____

Country _____ Postal Code _____

Telephone _____

Use From _____ Until _____

7. Permanent Mailing Address

Street _____

City _____ State _____

Country _____ Postal Code _____

Telephone _____

Use From _____ Until _____

Colleges and universities are asked to describe the backgrounds of our students. In order to respond to these requests, we ask you to answer the following questions:

8. **Gender** Male Female

9. **Do you consider yourself to be Hispanic/Latino?**
 Yes No

10. **Select one or more of the following racial categories to describe yourself.**

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Pacific Islander

White

11. **Date of Birth** (mm/dd/yyyy) ____/____/____

12. **Place of Birth** (City, Country) _____

13. **Citizenship**

US Citizen
 State of Legal Residence _____

Non-US Citizen (Permanent Resident)

Non-US Citizen - (Visa Required)
 Country of Citizenship _____
 Visa Type _____

14. **Program of Study**
 Select the Major and degree information for your proposed program of study.
- A. **Major/Program Name** _____
- B. **Campus** Atlanta GT-Lorraine Video
- C. **Degree Objective** MS PhD Special Non-Degree
- If you are applying for a PhD program, would you also like to be considered for the MS program?** Yes No

D. **Enrollment Term** Year _____ Spring Summer Fall

NOTE: Most programs only admit students for the Fall semester unless noted otherwise.

E. **Enrollment Status** Full-time Part-time

F. **CS / CSE applicants, please select two areas of interest:** _____

See <http://www.cc.gatech.edu/research/areas/research-areas> for a partial list of areas or contact the Coordinator of the program you are applying for.

15. Academic History

A. List each institution after secondary school, **including Georgia Tech**, that you have attended or are attending. List all post-secondary degrees which have been or will be earned by your planned enrollment date. **Continue on a separate sheet if necessary.** If you are currently enrolled, give the last expected date of enrollment. Official transcripts are required from each institution you have attended. Failure to provide complete information can disqualify your application or be grounds for dismissal.

Name of Institution	Location	Attendance		Major	Degree Awarded & Degree Date	GPA
		From (mm/yyyy)	To (mm/yyyy)			

B. **Letters of Recommendation** - Under the Family Educational Rights and Privacy Act of 1974 (FERPA), a student enrolled at Georgia Tech has access to his or her education records. We intend to comply with both the letter and the spirit of this law, while still allowing the student the option of waiving the right to access. Your recommenders must be notified prior to submitting their recommendations of your decision.

Do you waive your right to view your recommendations for this application? Yes No

Name	Institution / Company	E-mail Address

C. **GRE** Date taken ____ / ____ Scores: V ____ (raw) ____ (%) Q ____ (raw) ____ (%) AW ____ (raw) ____ (%)

(optional)

GRE Subject Test - Subject _____ Scores: ____ (raw) ____ (%)
 Subject _____ Scores: ____ (raw) ____ (%)

I certify that the information provided in this application is true and complete. I understand that omission or misrepresentation of information herein may result in automatic rejection of my application to Georgia Tech. If admitted, I agree to abide by the Rules and Regulations and the Academic Honor Code of the Georgia Institute of Technology.

Signature of Applicant _____ Date _____