

2006-2007 Application for Admission to Graduate Programs at the Medical College of Georgia



Information and Instructions

1. Use this application to apply for all graduate degree programs. Complete all parts that pertain to you.
2. Enclose a \$30 non-refundable application fee. (Checks or money orders made payable to the Medical College of Georgia.)

Biomedical Sciences Ph.D. Program Only: The Biomedical Sciences Ph.D. program will pay the \$30 application fee for applicants who are United States citizens or individuals with a permanent resident status who apply for the program by December 31, 2005. Online applicants who meet this eligibility requirement will receive a refund; those who send applications by mail do not need to send the \$30 application fee.
3. In addition to your complete application, Part V Supplement and \$30 application fee, the following must also be submitted by the deadline before your application can be considered:
 - An official transcript from each college/university attended. (Must be mailed to MCG from the institution.)
 - Three references. Forms for this purpose are included with this application. If you need additional forms, contact the Office of Academic Admissions.
 - Graduate Record Exam (GRE) scores must be mailed directly to this office by the Educational Testing Service. Miller Analogy Test (MAT) scores may be substituted for GRE scores in master's nursing programs with the exception of Nursing Anesthesia. Scores must be less than 5 years old. For GRE registration materials and location of centers:
 - A. Contact your nearest college testing center; or
 - B. Visit the Web at <http://www.gre.org>; or
 - C. Write or call: Educational Testing Service; P.O. Box 6000; Princeton, NJ 08541-6000; Telephone: (609) 771-7670.*Note: Medical College of Georgia institution code is 5406 for GRE scores or 1108 for MAT scores. Do not list a department code.*
 - **International applicants only:**
 - A. Test of English as a Foreign Language (TOEFL) scores must be submitted for those whose first language is not English. A minimum score of 550 (paper-based) or 213 (computer-based) is strongly recommended. TOEFL scores must be less than two years old. Contact: TOEFL/Educational Testing Service; P.O. Box 6155; Princeton, NJ 08541-6155; U.S.A.
 - B. Verification of transcripts from foreign colleges/universities by an approved transcript evaluation service is required. Contact the Office of Academic Admissions for information, or see our Web site at www.mcg.edu/GradStudies/apply/foreign.htm
4. Individual programs may require an interview. Applicants qualifying for an interview will be contacted by the program's admissions committee.
5. Once accepted, international students must submit documentation of personal funds before a Form I-20 Certificate of Eligibility can be issued. If a student is awarded stipend support from the School of Graduate Studies, this is considered sufficient. Students with outside fellowships or who are self-supporting must provide financial documentation. Contact the Office of Academic Admissions for details.
6. **Deadlines for completed 2006 applications (programs begin in fall, unless noted otherwise) (Early application is strongly encouraged):**
 - Oct. 15** Physician Assistant M.P.A.*** (summer semester)
 - Nov. 1** Nursing Anesthesia M.N.
R.N.-M.N./M.S.N. (spring semester)
 - Dec. 15** Physical Therapy D.P.T.—priority deadline*
(summer semester)
 - Dec. 31** Biomedical Sciences Ph.D.—early application
 - Jan. 15** Biomedical Sciences Ph.D.*
Oral Biology Ph.D.
 - Jan. 31** Medical Illustration M.S. preliminary portfolio/form
 - Feb. 1** Occupational Therapy M.H.S.
 - March 1** Biostatistics M.S.
 - March 15** Physical Therapy D.P.T.—final deadline* (summer semester)
R.N.-M.N./M.S.N. (summer semester)
 - April 15** Doctor of Nursing Practice D.N.P. (summer semester)
Clinical Nurse Leader M.S.N. (summer semester)
 - May 1** Physician Assistant M.S.
 - June 1** Nursing Ph.D.
Nursing M.N. and M.S.N.*
 - July 1**** Dental Hygiene M.S.
Diagnostic Medical Sonography M.S.
Health Informatics M.P.H.
Medical Technology M.S.
Nuclear Medicine Technology M.S.
Nursing R.N.-M.S.N., R.N.-M.N.*
Occupational Therapy M.S.
Oral Biology M.S.
Radiation Therapy M.S.
Respiratory Therapy M.S.

* See Part V program supplement for additional information.
** Deadline is April 15 for international applicants.
*** Pending Board of Regents approval
7. Return this completed application to:

**Office of Academic Admissions
AA-170 Kelly Building—Administration
Medical College of Georgia
Augusta, GA 30912**
8. Student financial aid information is available at www.mcg.edu/students/finaid. The Free Application for Student Aid (FAFSA) is available at fafsa.ed.gov. You may contact the Office of Student Financial Aid at (706) 721-4901 or by e-mail at osfa@mcg.edu. Apply for financial aid as early as possible, before actual acceptance into a program of study.

In accordance with federal law, the Medical College of Georgia makes available, upon request, its annual security report which includes information concerning campus security policies and crime statistics. For a copy of this report, please contact MCG Public Safety at (706) 721-2914. Students at distant site locations should contact the college public safety office at that location.

Early application is strongly advised. A non-refundable \$30 application fee is required.

An Affirmative Action/Equal Opportunity Educational Institution

Part I

Basic Information

Please print in black ink.

Year and semester for which admission is sought:
 _____ Fall Spring Summer

Year _____

Full Legal Name (Last) _____

(First) _____ (Middle) _____

Preferred First name _____

Social Security number _____ Date of birth (mm/dd/yyyy—use numbers) _____ / _____ /19

Gender* (optional): Male Female

Race/Ethnic Identification* (optional):

- White (Non-Hispanic) Hispanic
- Black (Non-Hispanic) Asian/Pacific Islander
- American Indian or Alaska Native Multiracial

Citizenship status: U.S. citizen
 Permanent Resident Alien Non-Resident Alien

If not U.S., what country? _____

If Permanent Resident Alien, Alien Registration Number: _____

A _____

Date issued: _____ Expiration date: _____

If Non-Resident Alien, Visa type: _____

Date issued: _____ Expiration date: _____

Provide a copy (front and back). _____

E-mail address _____

Permanent home address (number and street) _____

City _____ State _____ Zip _____

County/Country _____ () _____ Permanent telephone _____

/ _____ Rent Own

Length of time at this address (years/months) _____

Current mailing address (number and street) _____

City _____ State _____ Zip _____

/ /

Address valid through (month, day, year—use numbers) _____

() _____ () _____

Current telephone _____ Daytime telephone _____

/ _____ Rent Own

Length of time at this address (years/months) _____

If you have previously applied for admission to MCG, please indicate below the year(s) and program(s) to which you applied.

For Office Use Only

Applicant type <input type="checkbox"/> Regular <input type="checkbox"/> Transient <input type="checkbox"/> Special undergraduate <input type="checkbox"/> Faculty <input type="checkbox"/> Special graduate	Georgia resident <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Fee waiver <input type="checkbox"/> Senior citizen	State of residence School <input type="checkbox"/> Financial Aid	Degree program Department
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Other name(s) under which your records might arrive:

If you are attending a state-supported college or university, are you paying (check one):

- In-state tuition Out-of-state tuition
- In-state tuition due to waiver of out-of-state fees
- Not attending a state-supported college or university

Have you ever attended a Georgia college or university?

- Yes No If yes, check the following if true:
- I always lived in Georgia for the 12 months immediately preceding any enrollment at that institution.
- I always maintained my legal Georgia residency while attending that institution.
- I have received the Georgia HOPE scholarship.

Name of last high school attended _____ City/State _____ Graduation Date (mm/yy) _____

Indicate all colleges, universities and professional schools you have attended or plan to attend prior to enrollment (include Medical College of Georgia if applicable). List in the same order that you attended.

1. _____
 Name of college/university _____

City _____ State _____ FICE code _____
From: _____ / _____ **To:** _____ / _____
 Dates attended (month/year) _____ (month/year) _____

Type of degree or diploma awarded _____ Student ID number _____

2. _____
 Name of college/university _____

City _____ State _____ FICE code _____
From: _____ / _____ **To:** _____ / _____
 Dates attended (month/year) _____ (month/year) _____

Type of degree or diploma awarded _____ Student ID number _____

3. _____
 Name of college/university _____

City _____ State _____ FICE code _____
From: _____ / _____ **To:** _____ / _____
 Dates attended (month/year) _____ (month/year) _____

Type of degree or diploma awarded _____ Student ID number _____

4. _____
 Name of college/university _____

City _____ State _____ FICE code _____
From: _____ / _____ **To:** _____ / _____
 Dates attended (month/year) _____ (month/year) _____

Type of degree or diploma awarded _____ Student ID number _____

*This information is voluntary and will be used in a nondiscriminatory manner consistent with applicable civil rights laws. The information will be used for reporting purposes only and will not be a factor in the admissions decision.

Part II

Program of Application

Allied Health Sciences

Master of Science (M.S.)**

(Interdisciplinary research-oriented program for qualified allied health professionals)

- Dental Hygiene
- Diagnostic Medical Sonography
- Medical Technology
- Nuclear Medicine Technology
- Occupational Therapy
- Physician Assistant – If you want to specialize, check: Urology
- Radiation Therapy
- Respiratory Therapy

Biomedical Sciences

- Doctor of Philosophy (Ph.D.)

Biostatistics

- Master of Science (M.S.)

Health Informatics

- Master of Public Health (M.P.H.)

Medical Illustration

- Master of Science in Medical Illustration (M.S.)
A preliminary portfolio of specified artwork and a report of academic qualifications must be submitted as the first step in the application procedure. Information on the required portfolio and Applicant Preliminary Evaluation Form can be obtained from www.mcg.edu/medart/MI-Application.html or email medart@mcg.edu

Nursing**

Adult/Critical Care C.N.S.

- M.S.N. or R.N. – M.S.N.

Clinical Nurse Leader

- M.S.N. *

Family Nurse Practitioner

- M.N. or R.N. – M.N.

Which campus?

- Augusta Athens Columbus

Nursing

- Doctor of Nursing Practice (D.N.P.)
- Doctor of Philosophy (Ph.D.)

Nursing Anesthesia

- Master of Nursing (M.N.)

Pediatric Nurse Practitioner

- M.N. or R.N. – M.N.

Occupational Therapy (Entry level program for professional education)

- Master of Health Science in Occupational Therapy (M.H.S.)
- Which campus? Augusta Columbus

If not offered your first choice, would you accept the other campus? Yes No

Oral Biology

(Current dental program enrollment or D.D.S. or D.M.D. degree preferred)

- Ph.D. M.S.

Physical Therapy (Entry level program for professional education)

- Doctor of Physical Therapy (D.P.T.)

Physician Assistant (Entry level program for professional education)

- Master of Physician Assistant (M.P.A.)
- Residency in Emergency Medicine**

* Pending approval of the Board of Regents of the University System of Georgia and the Georgia Board of Nursing.

** Note licensure requirements in Part III Miscellaneous Information, item 6.

Part III

Miscellaneous Information

1. Please list the names and telephone numbers of three persons (usually college professors) who are in a position to critically assess your potential as a graduate student in the field you have selected. For biomedical sciences Ph.D. program, references should include an individual who can assess your research abilities. For the nursing program, references should include an individual who can assess your professional ability. D.P.T. program references should include an assessment of your clinical abilities, with at least one reference from a P.T. at each clinical setting you observe. Please distribute enclosed reference reports to these individuals.

A. _____ ()
Name Telephone

B. _____ ()
Name Telephone

C. _____ ()
Name Telephone

2. Have you ever been convicted of a crime? For the purposes of this application, criminal convictions include any adjudication of guilt by a judge or jury for any crime. This does not include minor traffic offenses, but does include “no contest” pleas, first-offender treatment, convictions under appeal and pardoned convictions. Minor traffic offenses are those that do not involve driving while under the influence of alcohol or other drugs, that did not result in imprisonment and for which a fine of less than \$250 was imposed. Yes No

If yes, attach a complete explanation on a separate sheet. An answer of “yes” may result in the Admissions Committee’s request for additional information and documentation. **Most clinical facilities require a criminal background check prior to allowing students at the facility.**

3. For our information only, please indicate below other colleges/universities to which you are applying.

4. List below the scholastic honors (including scholarships and fellowships) that you have received.

5. For students whose first language is not English, the Test of English as a Foreign Language (TOEFL) is required for consideration. Is English your native language?
 Yes No

If no, please supply this office with your official TOEFL results. MCG’s Institution Code is 5406.

6. Licensure

M.S. Allied Health: Must hold an undergraduate degree and provide evidence of current Georgia licensure or eligibility for such licensure prior to enrollment.

Nursing: Must provide evidence of professional nurse licensure (must obtain a Georgia license prior to enrollment).

Part IV

Classification for Tuition and Admission Purposes

Do you claim to be a Georgia resident for tuition and admissions purposes?

Yes No

Residence History

List in chronological order to the date of this application all the places you have resided for the past five years. **Please print.**

Street address/City/State/Zip code	Begin Date	End Date

Employment Information

Current employer			
Employer address		Telephone	
City	State	Zip	County/Country
Length of time with current employer: years months		Hours worked per week:	
<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If military, give state of legal residence listed on DD-2058:	

Father or Legal Guardian Information

Name of father or legal guardian			
Address		Telephone	
City	State	Zip	County/Country
Length of time at this address: years months		Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Legal guardian If legal guardian, date appointed by the court:	
Employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer address		Telephone	
City	State	Zip	County/Country
Date began		If military, give state of legal residence listed on DD-2058:	

Mother or Legal Guardian Information

Name of mother or legal guardian			
Address		Telephone	
City	State	Zip	County/Country
Length of time at this address: years months		Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Legal guardian If legal guardian, date appointed by the court:	
Employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer address		Telephone	
City	State	Zip	County/Country
Date began		If military, give state of legal residence listed on DD-2058:	

Spouse Information

Spouse's name			
Address		Telephone	
City	State	Zip	County
Length of time at this address: years months		When did he/she become a resident of Georgia?	
Spouse's employer		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Employer address		Telephone	
City	State	Zip	County
Date began		If military, give state of legal residence listed on DD-2058:	

Supporting Documentation

You may provide evidence of the following documentation to assist us in determining whether you qualify for in-state tuition. Submitting documents is optional but helpful in determining your eligibility. **(Please do not submit original documents as they will not be returned to you.)** The Office of Academic Admissions reserves the right to request additional documents as deemed necessary.

- Copy of Georgia driver's license or Georgia ID card
- Copy of voter registration card
- Copy of Georgia income tax return
- Copy of birth certificate
- Copy of marriage license
- Copy of Permanent Alien Resident Card (I-551)
(Provide copy of both sides of card.)

- Copy of current visa (Original document must be verified by the Office of Academic Admissions before registration.)
- Copy of current military orders
- Copy of Form DD-2058
- Court papers issuing guardianship
- Original letter from parent's or guardian's employer stating reason and date employee was transferred to Georgia