

School of Arts and Professional Studies

100 West College Park Drive ● Douglas, Georgia 31533 912-260-4252 ● 912-260-4446 (fax) email: Joseph.Holloway@sgsc.edu

Application for Bachelor's Degrees of Professional Studies

Student Name:	Student ID:			
Phone:	E-mail Address:			
Mailing Address:	City, State, Zip:			
Program of Choice:	Bachelor	or of Science in Management (select track)		
	Ma	arketing		
	Org	ganizational Behavior		
	Fin	Tech Academy		
All students must con	nplete an app	olication to SGSC and be accepted by SGSC Admis SGSC Student.	ssions or be a currently enrolled	
Are you a current SGS	SC student?	\square Yes \square No If not, have you been accepted	l by SGSC? □ Yes □No*	
n 11 aaaa 11 .				
Besides SGSC, list all other colleges and/or universities you have attended: College/University Dates of Attendance Degree Awarded?				
College/Unive	ersity	Dates of Attendance	Degree Awarded?	
Admissions and	to Dr. Jose	ripts from any college you attended oth oph Holloway. Currently enrolled stude less the student has attended another co	nts do not need to submit	
admission to the progra record and who show th	m. Applicant ne most prom	competitive; therefore, meeting the minimum requises who, in the judgment of the Admissions Committees of success in the program will be accepted. If you services prior to admission.	ee, present the strongest academic	
be considered for admis submit a new application	ssion. This ap on for the next	submitted to SGSC by the required application dead plication will remain on file during the current appl application cycle if they are not selected for this co- name, address, phone number, or email.	lication cycle. Applicants must	
correct to the best of my	y knowledge.	this application and I certify that the information so I recognize the providing false or misleading inform e to abide by the published regulations of the Colleg	nation may lead to my expulsion	
Student Signature		Date		