

UNIVERSITY OF GEORGIA FEEDER PROGRAM APPLICATION

APPLICANT INFORMATION					
Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		E-mail Address			
Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?		YES NO
Have you ever been convicted of a felony?	YES	NO	If yes, explain		

EDUCATION				
College Spelman		Major		
From	To	Did you graduate?	YES	NO
			Degree	

GRADUATE PROGRAM OF INTEREST INFORMATION	
Program Name	Program Director/Chair
Institution	PhD or Master
Research Interest	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to acceptance into the feeder program, I understand that false or misleading information in my application or interview may result in my being released from the program.	
Signature	Date

Required Attachments:

- Copy of Personal Statement
- (Unofficial) Transcript from Spelman College
- Resume

***Please return to Dr. Neely at dneely@spelman.edu
Deadline: Third Friday in October, by 4:00 p.m. (EST)***