

Special Program

for Academically Talented Students

MISSISSIPPI STATE UNIVERSITY

Please return this form and all admissions credentials to:
The Office of Admissions and Scholarships
P. O. Box 6334 | Mississippi State, MS 39762
Phone 662-325-2224 | Fax 662-325-7360
admissions.msstate.edu

Admission Application for students entering the Special Program for Academically Talented Students

REQUIREMENTS: Must have finished the junior year of high school, have a composite score of 24 or above on the ACT, have promising high school grades commensurate with ACT/SAT scores; a letter of recommendation from parent or guardian and a letter of recommendation from a school administrator. Both letters should state belief that the student is mature enough to benefit from college-level work.

INSTRUCTIONS: An applicant accepts responsibility for completing all of the admissions procedures at least two weeks prior to registration for each semester. A complete application includes (1) this form, bearing complete and accurate information, (2) the letter of recommendation from a parent or guardian, and (3) all of the items submitted directly by the high school. Incomplete or inaccurate information will invalidate the application. Page one of the application, along with the parent's or guardian's recommendation letter offering judgments of the student's academic capability and responsibility, the student's maturity, and the student's understanding that he/she will agree to conform to all rules and regulations that govern students enrolled at Mississippi State University should be sent to the Office of Admissions and Scholarships, P.O. Box 6334, Mississippi State, MS 39762, or delivered to 150 Montgomery Hall on campus. Page two should be taken to your high school principal or counselor. Inquiries should be directed to the same address or made by phone: (662) 325-2224. All applicants must submit a non-refundable \$40 application fee, payable to Mississippi State University, with this application.

PLEASE PRINT APPLICANT INFORMATION:

Expected term of enrollment: _____

Social Security Number* _____ Date of Birth _____ Place of Birth _____

*Please review the university disclaimer regarding Social Security numbers at admissions.msstate.edu/ssn-disclaimer.

Name _____ E-mail Address _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP

Home Telephone (_____) _____ Are you a military dependent? Yes _____ No _____

Are you a dependent or survivor of a veteran of the U.S. Armed Forces (includes active and reserve components)? Yes _____ No _____

Are you a resident alien (permanent resident) of the United States? _____ (If yes, submit copy of green card.)

Are you legally a resident of Mississippi? If yes, for how long? _____ Mississippi County of Residence _____

If you are not a resident of Mississippi, of what state or country are you a legal resident? _____

Father's Name _____ Did he attend MSU? _____ Deceased? _____

His Address _____

Mother's Name _____ Did she attend MSU? _____ Deceased? _____

Her Address _____

If parents are divorced, who has legal custody of the applicant? _____

If someone other than a parent is the legal guardian of the applicant, please complete the following:

Guardian's Name _____

His/Her Address _____

Did he/she attend MSU? _____

Legal documentation proving guardianship also must be provided to the Office of Admissions and Scholarships to complete your file.

Required Information

Applicant's Signature _____ Date _____

Parent's Signature _____ Date _____

Optional Information - used only to provide a student enrollment summary to the Office of Civil Rights, Department of Health, Education and Welfare.

Gender _____ Religious Preference _____ Are you of Hispanic origin? _____

Race: (choose any that apply)

American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White Other

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TO BE COMPLETED BY THE HIGH SCHOOL REPRESENTATIVE:

Either the high school principal or counselor must approve this application by providing the information requested below and by writing a separate letter stating the approval of the student's participation in SPATS. The representative should forward the following items with this completed application form:

- (1) A certified record of all high school academic courses
- (2) An indication of the student's rank in his/her class
- (3) A certification of the student's ACT (24 required) or SAT (1090-1120 required) composite score
- (4) Verification that the student has finished the junior year of high school (may be submitted in the form of a transcript)
- (5) A separate letter of recommendation specifying the student's distinctive qualifications and potential for academic success
- (6) Immunization form

Applicant's Name _____
LAST FIRST MIDDLE

Student Classification: (Please check) Senior _____ Junior _____ Class Rank _____ Average _____

Name of School _____

School's Mailing Address _____

Name/Administrative Title _____
STREET CITY STATE ZIP

Signature _____ Date _____