

# Special Program

for Academically Talented Students



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 25 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 \$35 application fee, payable to Mississippi State University, with this application.

**PLEASE PRINT APPLICANT INFORMATION:**

Social Security Number\* \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

\*Please review the university disclaimer regarding Social Security numbers at [admissions.msstate.edu/ssn-disclaimer](http://admissions.msstate.edu/ssn-disclaimer).

Name \_\_\_\_\_ Email 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 must also be provided to the Office of Admissions and Scholarships to complete your file.*

*The information immediately below is optional and will only be used to provide a student enrollment summary to the Office of Civil Rights, Department of Health, Education, and Welfare. NOTE: All non-national/foreign students indicate Foreign Student only.*

Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Religious Preference \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Telephone (\_\_\_\_\_) \_\_\_\_\_ Business Telephone (\_\_\_\_\_) \_\_\_\_\_

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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 (25 required) or SAT (1120-1150 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 \_\_\_\_\_  
STREET CITY STATE ZIP

Name/Administrative Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_