

I. NAME AND CONTACT INFORMATION

1. **Name:** _____
 (Full Legal Name) Last First Middle Former
2. **Social Security Number:** _____ - _____ - _____ 3. **Birth Date** (mm/dd/yy): _____
4. **Mailing Address:** _____
 Number and Street Apt. No.
- _____ City State Zip Code
5. **Home Phone:** _____ 6. **E-mail Address:** _____

II. GRADUATE PROGRAM INFORMATION

7. **Intended Graduate Program:** _____
8. **Area of Specialization (if known):** _____
- _____
9. **Title of Degree** (circle one): M.A. M.Acc. M.A.T.E. M.A.T.M. M.B.A. M.Ed. M.P.H.
 M.M. M.P.A. M.S. M.S.W. Ed.S. Ed.D. Ph.D.
10. **Year and Term** you would like to enter your intended program: Year _____ Fall Spring
11. **Overall Undergraduate GPA:** _____ Last 1/2 of undergraduate credits: _____ **Major GPA :** _____
12. **Graduate GPA** (if applicable): _____ **ALL GPA INFORMATION MUST BE COMPLETED BY APPLICANT.**

Instructions for calculating GPA:

- a. CREDIT POINTS = (# of credits) x (grade point)
- b. GPA = Total Credit Pts. ÷ Total # Credits
 Round to the second decimal place
- c. Last 1/2 GPA includes the last half of your undergraduate credits, i.e., if you have 120 credits, use the last 60 credits
- d. Major GPA includes only courses in your major
- e. If you have semester AND quarter credits, you will need to convert them so they are comparable. Multiply quarter credits by 2/3 to convert to semester credits.

SAMPLE GPA CALCULATION

Grade	# Credits	Grade Pts.	Credit Pts.
A	33	x 4.0 =	132
A-	20	x 3.7 =	74
B+	20	x 3.3 =	66
B	21	x 3.0 =	63
C+	10	x 2.3 =	23
C	9	x 2.0 =	18
F	0	x 0.0 =	0
TOTAL	113		376

GPA = 376 ÷ 113 = 3.32

13. **Test Scores:** The information requested below must be completed by the applicant if scores are required by the intended graduate program. DO NOT ENTER "on file." Programs generally accept scores from tests taken within the last five years.

TEST	Test Date	Verbal	Quantitative	Analytical	Written
GRE General					
GMAT					

	Test Date	Score	Subject
GRE Subject			
Miller's Analogies			XXXXXXXXXX

14. List the name(s) of **faculty member(s)** you may be interested in and working with, if known: _____
- _____
15. Specify **fellowship or other source of financial support** you hold, if any: _____
- _____

III. PREVIOUS EDUCATION. Order two **OFFICIAL** transcripts from **EACH** educational institution to be forwarded directly by each institution to the Graduate School. Personal copies or transcripts "issued to student" are not acceptable.

16. **Transcripts:** Each transcript must contain the proper signature, date, and institutional seal to be official. Transcripts are required whether or not credit was earned. The Graduate School forwards one copy of each transcript to your intended graduate program.

List below, in chronological order, all colleges where you have registered. An additional blank sheet may be used, if needed. **If other schools appear on transcripts not listed on the application, you will be notified. Applications for Graduate School will not be processed until TWO official copies of all transcripts are received by the Graduate School.**

Name of College/University City, State	From : To (mm/yy : mm/yy)	Major	Degree Title (B.A., B.Sc., etc.)	Date Graduated or Date Expected
(1) _____	_____ : _____	_____	_____	_____
_____	_____ : _____	_____	_____	_____
(3) _____	_____ : _____	_____	_____	_____
_____	_____ : _____	_____	_____	_____
(5) _____	_____ : _____	_____	_____	_____
_____	_____ : _____	_____	_____	_____
(7) _____	_____ : _____	_____	_____	_____
_____	_____ : _____	_____	_____	_____

IV. ASSISTANTSHIPS/FELLOWSHIPS/SCHOLARSHIPS: If you would like to apply for an assistantship, fellowship or scholarship, please complete the items below. This information is provided to your intended graduate program. In addition, please contact your intended graduate program regarding any other materials required to apply for funding.

17. **Assistantship Type** (enter order of preferences): Teaching _____ Research _____

18. **Availability** (enter order or preferences): Half-time (10 hrs/wk): _____ Full-time (20 hrs/wk): _____

19. **Recommendations:** List three persons, preferably professors, supervisors, or professionals, with whom you have studied or worked and from whom you have requested that letters of recommendation be sent to your intended graduate program.

Name of Recommender	Institutional Affiliation
(1) _____	_____
(2) _____	_____
(3) _____	_____

20. **Work Experience:** List positions previously held that are relevant to your graduate education, including any research internships, teaching positions, graduate fellowships, assistantships, or appointments.

Name of Employer	Title of Position	Dates Position Held	Full or Part-Time
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
(4) _____	_____	_____	_____

