

APPLICATION FOR ADMISSION TO GRADUATE STUDY

Kent State University, PO Box 5190, Kent, OH 44242-0001

(Type or print in black ink)

Name (Last) (First) (Middle-Maiden, if married) Social Security Number

Permanent Address Phone

City County State Zip

How long at the above address? years months Country of Citizenship

Local Address Phone

City County State Zip

Resident Nonresident of Ohio Birth Date Age

This application is for the following degree:

- Doctor of Philosophy, Master of Art, Master of Architecture, Master of Fine Arts, Master of Liberal Studies, Master of Library Science, Master of Music, Master of Public Administration, Master of Science, Master of Science in Nursing, Special Nondegree

Proposed department Area of concentration within department

Probable enrollment date (semester) (year) Full-time Part-time

Have you ever applied to any of the Kent State University Graduate Programs before? Yes No

Table with 5 columns: All Colleges Attended (Include present school): NAME, LOCATION: City, State, From Mo./Yr., To Mo./Yr., No. Hrs. Earned, Degree & Date Completed or Expected. Rows 1-5.

Undergraduate Major Undergraduate Minor

Graduate Major

Languages read other than English

Present Employer Address Phone

Names, titles, and addresses of three persons who are sending letters of recommendation.

- 1. 2. 3.

List below Graduate Admissions Test (including TOEFL) taken, i.e., GRE, MAT, GMAT, OTHER:

STANDARD ADMISSION TEST

LATEST DATE TAKEN (or to be taken)

If you are not a United States citizen, please complete the following:

1. If you are in the United States, please circle the type of visa you hold.

F1 F2 J1 J2 B1 A2 A H Permanent Resident Other

2. If not in the United States, please indicate the type of Visa you will apply for:

3. If permanent resident, please send a photocopy of both sides of your green card.

BY MY SIGNATURE I ATTEST TO THE FACT THAT ALL INFORMATION GIVEN ON THIS APPLICATION IS COMPLETE AND CORRECT AND ANY OMISSION OR FALSIFICATION MAY RESULT IN DENIAL OF ADMISSION OR IMMEDIATE DISMISSAL.

Date Signature

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- | | | |
|---|--|---|
| <input type="checkbox"/> Doctor of Philosophy | <input type="checkbox"/> Master of Liberal Studies | <input type="checkbox"/> Master of Science |
| <input type="checkbox"/> Master of Art | <input type="checkbox"/> Master of Library Science | <input type="checkbox"/> Master of Science in Nursing |
| <input type="checkbox"/> Master of Architecture | <input type="checkbox"/> Master of Music | <input type="checkbox"/> Special Nondegree |
| <input type="checkbox"/> Master of Fine Arts | <input type="checkbox"/> Master of Public Administration | |

Proposed department _____ Area of concentration within department _____

Probable enrollment date _____ / _____ Full-time Part-time
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2. _____				
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Undergraduate Major _____ Undergraduate Minor _____

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Date _____ Signature _____

ETHNIC DATA SHEET

Please complete this section accurately. This section will be retained in the graduate admission office and will not be sent to your department where the decisions on admissions are made.

The information on racial/ethnic status and sex is requested to assist Kent State University in its reporting requirements.

Applicants with any physical impairment who may require special assistance are urged to write the Office of Student Disability Services, Kent State University, PO Box 5190, Kent, OH 44242-0001.

1. Name _____
Last *First* *Middle*

2. Race/Ethnic Data:

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Hispanic American | <input type="checkbox"/> Caucasian American |
| <input type="checkbox"/> Asian or Pacific Islander American | <input type="checkbox"/> Non-US Citizen |

3. Sex:

- Male Female

The following information is optional. If provided it will be kept confidential and will be used only in conjunction with Kent State University's voluntary and remedial action efforts on behalf of students who are disabled.

4. A. Do you have any physical impairment?

B. If yes, will you need special assistance or information?

(If yes, please contact the office listed in the introduction of the above section.)

. Department applying to: _____