

APPLICATION FOR ADMISSION TO GRADUATE STUDY

Please type or print with ball point pen

BIOGRAPHICAL DATA

Social Security Number (Optional – see instructions)		Student Identification Number (If known)	
Full Legal Name (Last, Family, or Surname)		First	Middle
		Other Names on Transcripts	
<input type="checkbox"/> Male	Are you a veteran of the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth (Month/Day/Year)	
<input type="checkbox"/> Female		Home Phone	Message/Business Phone
Present Mailing Address (number, street, apt, city, state, zip, country)		Fax Number	E-mail
Permanent Mailing Address (number, street, apt, city, state, zip, country) – <i>International Applicants must provide address in their home country.</i>			
Ethnic Background: Federal law requires the university to report the ethnicity of all U.S. citizens and resident aliens in the following five categories. Providing the requested information is voluntary and the information provided in response to this inquiry is not being used in a discriminatory manner. (please mark one)		Citizenship Status:	
<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White, Non-Hispanic
<input type="checkbox"/> American Indian or Alaskan - Native Tribe _____		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other (Specify Status _____)	
		<input type="checkbox"/> Resident Alien (A# _____ Date Resident Alien Card Received _____ (Include Copy) Country of Citizenship _____)	

INTERNATIONAL APPLICANTS ONLY

Country of Citizenship _____	Requested Visa: <input type="checkbox"/> F-1 <input type="checkbox"/> J-1
City and Country of Birth _____	Current Visa: _____ Expiration _____
Are you currently participating in Practical Training? <input type="checkbox"/> Optional <input type="checkbox"/> Curricular Expiration _____	Current I-20 / DS 2019 (IAP-66) Expiration _____ (Include copy of form with your application)
Date you took (or intend to take) the TOEFL _____ Composite score: _____	EAD Expiration _____ (Employment Authorization Document – Include copy, if relevant.)
Are you planning to attend the University of Arizona's Center for English as a Second Language (CESL) prior to enrolling in a graduate degree program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

APPLICATION DATA

Application Type: <input type="checkbox"/> Admission <input type="checkbox"/> Readmission (Only if previously enrolled in a graduate degree program) <input type="checkbox"/> Unclassified/Exchange <input type="checkbox"/> Unclassified			
Term you wish to enroll: (check one only) <input type="checkbox"/> Fall (August) <input type="checkbox"/> Spring (January) <input type="checkbox"/> Summer I (June) <input type="checkbox"/> Summer II (July)	To what degree program and major are you seeking admission? Degree _____ (MA, PhD, MFA, etc) Major _____ (select one major only, using list of valid majors)	Self-reported GPA Undergrad GPA _____ SCALE _____ (for last 60 semester units) (4.0, 100, 20, etc) Graduate GPA _____ SCALE _____ (cumulative) (4.0, 100, 20, etc)	Self-reported GRE scores: Test Date _____ Verbal _____ Quantitative _____ Analytical _____
Year: 20_____	Have you previously applied for admission to this University? (degree, nondegree, unclassified or undergraduate) <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you register? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Semester _____ Year _____
Have you ever been suspended or dismissed from, or encouraged to leave any college or university or advanced program? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain in detail on a separate piece of paper.)			

EDUCATIONAL BACKGROUND

List ALL previous colleges and universities attended, including The University of Arizona. (use additional sheet if necessary)				Actual Name of Degree or Diploma (do not translate)	Date Received or Expected
Name of College or University and Location (list most recent first)	From (mo/yr)	To (mo/yr)	Major Field of Study		

If you would like to authorize a friend, relative or sponsor to represent you in the application process, please **print** his/her name in the space provided _____

I certify that the information provided on this application and any attached documents is true and accurate to the best of my knowledge and understand that omissions or falsifications may result in withdrawal of a decision to accept me. I further understand that I must request and provide official transcripts from **all** previous colleges or universities attended before I may be admitted to a graduate degree program.

Signature _____

Date _____

Fee (office use only) _____

The University of Arizona is an EEO/AA institution and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran's status, or sexual orientation in its admissions, employment, educational programs or activities. Inquiries may be referred to Equal Opportunity and Affirmative Action Office, The University of Arizona, PO Box 210158, Tucson, AZ 85721-0158, (520) 621-9449.

In order to be reviewed, this application must be signed, dated and accompanied by the \$50.00 non-refundable processing fee.

**Please send to: Graduate Admissions Office
The University of Arizona
PO Box 28823
Tucson, AZ 85726-8823**

(520) 621-3132