

## GRADUATE SCHOOL APPLICATION

**Two complete copies of the application package is due at each applicant's respective Job Corps Regional Office by January 3, 2003**

**Job Corps Regional Offices will forward complete/qualified applications to Mr. Gerard O'Hare, Program Manager, at the Denver Regional Office, by January 10, 2003**

Upon receipt of ALL required material, the application will be forwarded to the appropriate academic department for review. It should be understood that the admission policies presented are minimum standards and each department may have established additional criteria. Please see the Graduate Catalog for these criteria. **Materials submitted in connection with this application will not be returned to the applicant.** Failure to provide information requested or falsification of any information on this application will make your admission subject to immediate termination.

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**PLEASE TYPE OR PRINT LEGIBLY**

Date of application \_\_\_\_\_ SS# \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First Middle (former name, if applicable)

Present Mailing Address \_\_\_\_\_  
Number and Street City State/Province Zip/Postal Code

Permanent Address \_\_\_\_\_  
Number and Street City State/Province Zip/Postal Code

Present phone \_\_\_\_\_ Permanent phone \_\_\_\_\_ Work phone \_\_\_\_\_

Email Address (optional) \_\_\_\_\_ Date of birth \_\_\_\_\_  
Month Day Year

Are you a North Dakota Resident? Yes No Are you a U. S. Citizen? Yes No

If no, of what country are you a citizen? \_\_\_\_\_

If you are not a U.S. citizen, are you a permanent resident? Yes No

If yes, give alien registration number \_\_\_\_\_



Attachment B

Please check only **ONE** of the programs to which you're applying for:

- Education Specialist in School Psychology
- MAT Mathematics
- MAT Science
- MS Criminal Justice
- MME Music
- MS Criminal Justice
- MS Special Education (Severe Multiple-Handicaps)
- MS Communication Disorders (Audiology)
- MS Communications Disorders (Speech-Language Pathology)
- MS Special Education (Early Childhood)
- MS Special Education (Education of the Deaf)
- MS Special Education (Learning Disabilities)
- MS Elementary Education
- MS Management
- MAT English

Applicants applying to the **Audiology** or the **Educational Specialist in School Psychology** programs may begin only in the **fall** semester. Applicants applying to the **Speech-Language Pathology** program will begin **summer** session.

When do you plan to enroll yr. \_\_\_\_\_? (**check only one**)       Fall                       Spring                       Summer

Do you plan to pursue your degree (**check one**)                       Fall                       Spring                       Summers Only

**A non-refundable \$30.00 application fee MUST accompany this application** (Job Corps Fellows Are Exempted)

This section is completely voluntary and does not affect the status of your application; however, this information is frequently requested by MSU and state/federal agencies for statistical purposes. Minot State University does not discriminate on its acceptance of graduate students on the basis of gender, ethnicity, age, or disability.

Ethnicity                       Hispanic                                       Black/Non-Hispanic                                       White/Non-Hispanic  
 Asian/Pacific islander                       Native Alaskan                                       American Indian

Please list chronologically **all** colleges and universities you have attended.

Institution	Location (City/State/Province)	Dates of Attendance	Major	Degree Earned
_____	_____	_____ / _____ through _____ / _____	_____	_____
_____	_____	_____ / _____ through _____ / _____	_____	_____
_____	_____	_____ / _____ through _____ / _____	_____	_____
_____	_____	_____ / _____ through _____ / _____	_____	_____
_____	_____	_____ / _____ through _____ / _____	_____	_____
_____	_____	_____ / _____ through _____ / _____	_____	_____
_____	_____	_____ / _____ through _____ / _____	_____	_____

I certify that all statements in this application are complete and true.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date