

Attachment B

Graduate School Application

Two complete copies of the application package are due at each applicant's respective Job Corps Regional Office by *March 11, 2005*

Job Corps Regional Offices will forward complete applications to
Mr. Gerard O'Hare, Program Manager
Dallas Regional Office
1999 Broadway, Suite 1760
Denver, CO 80202-5716, by *March 21, 2005*

Upon receipt of ALL required materials, 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 2004-2005 Minot State University 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.

PLEASE TYPE OR PRINT LEGIBLY

Date of application _____ SS# _____

Legal Name _____
Last First Middle (Former name, if applicable)

Address _____
Number and Street City State/Province Zip/Postal Code

Home phone _____ Work phone _____

Email Address (optional) _____

Date of birth _____
Month Day Year

Gender Male Female

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 _____

Please check only **ONE** of the programs to which you are applying:

- | | |
|---|---|
| <input type="checkbox"/> Education Specialist in School Psychology | <input type="checkbox"/> MS Communication Disorders (Speech-Language Pathology) |
| <input type="checkbox"/> MAT Mathematics | <input type="checkbox"/> MS Special Education (Early Childhood) |
| <input type="checkbox"/> MAT Science | <input type="checkbox"/> MS Special Education (Learning Disabilities) |
| <input type="checkbox"/> MS Criminal Justice | <input type="checkbox"/> MS Management |
| <input type="checkbox"/> MME Music | |
| <input type="checkbox"/> MED English | |
| <input type="checkbox"/> MS Special Education (Severe Multiple-Handicaps) | |
| <input type="checkbox"/> MS Communication Disorders (Audiology) | |

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

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 _____ /	_____	_____

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

Applicants Signature

Date