

Graduate School Application

Two complete copies of the application package are due at each applicant's respective Job Corps Regional Office by *February 16, 2007*.

**Job Corps Regional Offices will forward complete applications by *February 28, 2007* to the Dallas Regional Office of Job Corps, attention: Ms. Patricia Rivers
Program Manager
Dallas Regional Office of Job Corps
525 Griffin St., Rm. 403
Dallas, TX 75202**

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.

PLEASE TYPE OR PRINT LEGIBLY

Date of Application _____ SSN _____

Legal Name _____

Address _____
Last First Middle (former name, if applicable)
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 for which you're applying:

- | | |
|---|--|
| <input type="checkbox"/> Education Specialist in School Psychology | <input type="checkbox"/> MS Communications 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 Minot State University 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