## **Graduate School Application**

Two complete copies of the application package are due at each applicant's respective Job Corps Regional Office by *April 1, 2008* 

Job Corps Regional Offices will forward complete applications to Region IV Office of Job Corps, Attention: Ms. Pat Rivers, Program Manager, Region IV – Dallas, 525 Griffin St., Rm. 403, Dallas, TX 75202, by *April 15, 2008* 

Upon receipt of **ALL** required material, the application will be forwarded to the appropriate academic department for review. It should be understood that admission policies presented are minimum standards and each department may have established additional criteria. Please see the Graduate Catalog for the additional criteria needed. **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#	Empl ID			
Legal Name Last Former Name if applicable	First	Middle			
Address  Number and Street Zip/Postal Code		City State/Province			
Home Phone	Work Phone				
Email Address	Da	ate of Birth			
Gender					
If no, of what country are you a citizen?					
If you are not a U.S. Citizen, are you a permanent resident?					
If <b>yes</b> , give alien registration number					
Please check only <b>ONE</b> of the programs to Certificate, Knowledge Management Master of Arts in Teaching: Mathematics Master of Arts in Teaching: Science Master of Education Master of Education, Art Concentration Master of Education, Business Concentration Master of Education, Elementary Education	ation	g for:			

## Attachment B

	ucation, Elementary Math Concentration	n					
	Master of Education, English Concentration  Master of Education, Kindergarten Concentration						
	Master of Education, Middle School Concentration  Master of Education, Middle School Concentration						
	Master of Education, Middle School Goridentiation  Master of Education, Physical Education/Human Performance Concentration						
	ucation, Reading Concentration						
	Master of Education, Special Education Concentration						
	Master of Music Education						
	Master of Science in Communication Disorders, Speech Language Pathology						
	aster of Science in Criminal Justice						
	er of Science in Information Systems						
	ster of Science in Management ster of Science in Special Education, Early Childhood						
	Master of Science in Special Education, Early Childridou Master of Science in Special Education, Deaf or Hard of Hearing						
	Master of Science in Special Education, Learning Disabilities						
Master of Science in Special Education, Severe Multiple Handicaps							
	Master of Science in Special Education, Special Education Strategist						
☐ Education Sp	ecialist in School Psychology						
What year do ye	u plan to attend (ch	ock only	one)   Fall   Spring				
Summer	u plan to attend (ch	eck offig (					
Carrino							
Do you plan to p Summer Only	ursue your degree: (check only one)	☐ Full-t	ime Part-time				
A non-refundal	ble \$35.00 application fee MUST ac	company	this application.				
Please list chronif necessary.)	ologically <b>all</b> colleges and universities y	you have	attended. (Add another	sheet			
Institution Major/Degree Ea	Location (City/State/Province)	С	ates of Attendance				
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I certify that all	statements in this application are comp	olete and					
Applicant's Signa Date	ature						
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	of students on the basis of gender, ethnicit	ty, age or o					
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	☐ Hispanic ☐ Black/Non☐ White/Non-Hispanic ☐ Asian/Pacif		<ul><li>□ Native Alaska</li><li>□ American Inc</li></ul>				
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			REVISED	1/24/06			

MSU Graduate School Phone Number: 1.701.858.3250 or toll free at 1.800.777.0750, ext.