MISSISSIPPI UNIVERSITY FOR WOMEN
OFFICE OF GRADUATE STUDIES
APPLICATION FOR ADMISSION

Please Type or Print

SECTION 1

❑Mr.
❑Ms. **Name** _____
Surname/Last First Middle Maiden Other names in which transcript may be listed

Current Address _____
Street, Route or Box City County State Zip Code

Permanent Address _____ Email address _____
Street, Route or Box City County State Zip Code

Telephone Numbers (Include Area Codes)

Social Security Number___ ___ ___ - ___ ___ - ___ ___ ___ ___ Home/Cell _____ Work _____

***Gender**: ❑M ❑ F ***Date of Birth**: ____/____/____ ***Marital Status**: ❑Single ❑Married **US Citizen** ❑Yes ❑No **Type of Visa** _____

***Race/Ethnicity:**
❑ White ❑Black ❑American Indian/Alaskan Native
❑Asian ❑Hispanic ❑Non Resident International ❑ Other

*This information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions; however, an answer would be appreciated.

In case of emergency contact: _____ Relationship _____ Phone _____

SECTION 2

Degree Sought: ❑MSN ❑MS-SLP ❑MS-HE ❑MAT ❑MED-DI ❑MED-GIFTED ❑MED-READING
OR ❑Non-Degree Do you plan to attend: ❑Full time ❑Part time

Semester you wish to enter: ❑Fall ❑Spring ❑1st Summer Term ❑2nd Summer Term Year _____

❑New Graduate Student ❑Returning Graduate Student
If previously admitted to a Graduate Program: Date Admitted _____ Dates Attended:_____ Program:_____

Name under which you were enrolled _____

List in chronological order **all** colleges and universities you have attended. (If more than three, use a separate sheet)

Institution	Major	Dates Attended From To	Degrees and Dates Awarded

List three persons who are qualified to certify as to your abilities and character and ask them to complete one of the enclosed recommendation forms.
1. _____ 2. _____ 3. _____

Are you attending only for teacher certification? ❑Yes ❑No
Reason for enrolling if not seeking a degree: _____ Years of relevant experience: _____

I grant permission for the MUW faculty and staff to use my transcript and records necessary to process my application for admission to Graduate Studies. The information I have submitted on this form is correct and complete. I understand that admission to Graduate Studies does not imply acceptance as a candidate for an advanced degree and that completion of graduate study and Graduate Studies procedures are necessary for acceptance as a degree candidate. I have read the regulations of the Graduate Program as contained in this catalog. I understand that all programs must be completed within six years.

Signature _____ Date _____