

INTERNATIONAL APPLICATION  
FOR GRADUATE ADMISSION

**MISSISSIPPI**

University for Women  
*admitting men since 1982*

Send To:

International Programs  
MUW  
1100 College Street W-1613  
Columbus, MS 39701-5800  
U.S.A.  
Tel: (662) 329-7108  
Fax: (662) 241-7481  
E-mail: [smcnees@muw.edu](mailto:smcnees@muw.edu)

**Please Type or Print**

SECTION 1

Mr.

Ms.

Mrs. Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Last/SurnameFirst

Middle Name

Address \_\_\_\_\_ City \_\_\_\_\_ Country \_\_\_\_\_

Home Telephone ( \_\_\_ ) \_\_\_\_\_ Work Telephone ( \_\_\_ ) \_\_\_\_\_ E-Mail \_\_\_\_\_

**U. S. Mailing**

Address \_\_\_\_\_

(if available)

Name

Box or House Number

Street

City

State

Zip

Date of Birth (month/day/year) \_\_\_/\_\_\_/\_\_\_ Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Type of Visa \_\_\_\_\_(if available)

SECTION 2

**DEGREE SOUGHT:**

Master of Science in Nursing Program (**must have current U.S. nursing license**)

Master of Science in Speech-Language Pathology Graduate Program

Master of Education in Gifted Studies Graduate Program

Master of Education in Instructional Management Graduate Program

Master of Science in Health Education

Full time student  Part time student

Semester you wish to enter:  Fall  Spring  1st Summer Term  2nd Summer Term  
Year \_\_\_\_\_

New Student  Returning Student Date Attended \_\_\_\_\_

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<br>From To | Degrees and Dates Awarded |
|-------------|-------|---------------------------|---------------------------|
| _____       | _____ | _____                     | _____                     |
| _____       | _____ | _____                     | _____                     |
| _____       | _____ | _____                     | _____                     |
| _____       | _____ | _____                     | _____                     |

Have you had official transcripts of all previous work sent to the International Programs Office? If not, you **must do so**.

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. \_\_\_\_\_

Do you wish to be considered for financial aid?  Yes  No Do you wish to receive information on housing?  Yes  No

Are you attending only for teacher certification?  Yes  No

Reason for enrolling if not seeking a degree:  
\_\_\_\_\_

Have you taken the Graduate Record Examinations?  Yes  No

If yes, when? \_\_\_\_\_ GRE Score \_\_\_\_\_

The Miller Analogies Test  Yes  No

If yes, when? \_\_\_\_\_ MAT Score \_\_\_\_\_

TOEFL?  Yes  No If yes, when? \_\_\_\_\_

TOEFL Score \_\_\_\_\_

(You must have your official test scores forwarded to the International Programs Office.)

|           |
|-----------|
| SECTION 3 |
|-----------|

Students who wish to be admitted to graduate school in **August** must have all required information to the Graduate Program of Choice by the following deadlines:

M.S.N. in **Nursing** - by **April 1** (Nursing Graduate School only starts in August)

M.S. in **Speech-Language Pathology** - by **March 1**

M.Ed. in **Gifted Studies** - by **August 1**

M.Ed. in **Instructional Management** - by **August 1**

MS in **Health Education** - by **May 1**

(To be admitted to the M.Ed. program in **Gifted Studies** or **Instructional Management** in the **spring**, students must have all required information to the Graduate School by **December 1**. For admission in the **summer**, the deadline is **May 1**.)

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**A Letter of Financial Backing must be submitted. If sponsored by government, then letter from government must be sent. *Falsification of any part of this document may subject the student to later disciplinary action.***

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**I grant permission for the MUW faculty and staff to use my transcript and records necessary to process my application for admission to the Graduate School. The information I have submitted on this form is correct and complete. I understand that admission to the Graduate School does not imply acceptance as a candidate for an advanced degree and that completion of graduate study in residence, and Graduate School procedures are necessary for acceptance as a degree candidate. I have read the regulations of the Graduate School as contained in this catalog.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Mississippi University for Women does not discriminate on the basis of race, sex, age, color, religion, handicap or national origin.**

\*\*\*\*APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR ONLY \*\*\*\*

## **ADMISSION CHECKLIST**

*All of the following should be mailed to the address listed above.*

- International Application     Official Transcripts     TOEFL     GRE or MAT
- Letter of Financial Backing     Immunization Records     Letters of  
Recommendation
- Photocopies of Transcripts sent to Evaluation Agency