

APPLICATION FOR ADMISSION TO GRADUATE STUDIES

Return this form with your \$30 (non-refundable) application fee (payable to Bloomsburg University) to the School of Graduate Studies. All supporting documents must also be sent to the School of Graduate Studies (please read Instructions Page). Submission of this application does not guarantee admission to Graduate School. A final decision will not be made until all pertinent materials have been received in the Graduate Office.

1. Social Security Number: _____ 2. Term applying for: _____ Fall 20____
_____ Spring 20____
_____ Summer 20____
3. Name: _____
Last First Middle Maiden
4. Present Address: _____
No. and Street City State County Code Zip Code
Present Phone No. (area code) _____ Present address effective until _____
Present email Address: _____
5. Permanent Address: _____
No. and Street City State County Code Zip Code
Permanent Phone No. (area code) _____ Daytime Phone No. _____
Email Address: _____
6. Country of citizenship: _____ 7. Are you a U.S. citizen or permanent resident? ____Yes ____ No
(International students must complete a separate application)
Are you a Pennsylvania resident? ____Yes ____No
8. Date of Birth _____ 9. I am applying for: ____Full-time; ____Part-time; ____Readmission
Month/Day/Year
10. Graduate degree you plan to pursue: (If you do not intend to pursue one of these programs at BU, go to #11)
- | | |
|---|--|
| ____ Audiology (AuD) traditional | ____ ESL Program Specialist Certificate |
| ____ Audiology (AuD) clinical neurophysiology IOM | ____ Exceptionalities (MS) |
| ____ Biology (MS) | ____ Exceptionalities (MS w/certification) |
| ____ Biology (M.Ed.) | ____ Exercise Science (thesis option) |
| ____ Business Administration (MBA) | ____ Exercise Science (non thesis option) |
| ____ Business Education (M.Ed.) | ____ Instructional Technology/corporate track (MS) |
| ____ Business Education (M.Ed. w/certification) | ____ Instructional Technology/education track (MS) |
| ____ Clinical Athletic Training | ____ Instructional Technology/eLearning Certificate |
| ____ Counseling (M.Ed.) (check one of the following): | ____ Managerial Decision Making Certificate |
| ____ Student Personnel Services | ____ Nursing (MSN) |
| ____ Elementary School | ____ Nurse Anesthesia |
| ____ Secondary School | ____ Nurse Practitioner (Post MSN Certificate Program) |
| ____ Curriculum & Instruction (M.Ed.) | ____ Principal Certificate |
| ____ Curriculum & Instruction (M.Ed. w/certification) | ____ Radiologist Assistant Program (MS) |
| ____ Curriculum & Instruction (supervisory certificate) | ____ Reading (M.Ed.) |
| ____ Early Childhood Education (MS) | ____ Special Education (MS) |
| ____ Education of the Deaf/Hard of Hearing (MS) | ____ Special Education (supervisory certificate) |
| ____ Elementary Education (M.Ed.) | ____ Speech Pathology (MS) |
| ____ Elementary Education (M.Ed.) w/certification | ____ Speech Pathology-School Based (M.Ed.) |
11. _____ Non-Degree (12 credit maximum) (check only if you do not intend to pursue a degree at Bloomsburg)
12. _____ Pursuing credits to fulfill Act 48 requirements only and do not intend to pursue a degree

13. Undergraduate major: _____ minor, if any: _____

14. Have you ever taken graduate courses through Bloomsburg University? _____ If so, when? _____

15. Do you possess a current teaching certificate? _____

16. If you are in enrolled in one of our off-campus sites, please indicate location: _____

17. How did you become aware of our graduate program?

- Area resident Bloomsburg undergraduate Peterson's Guide Internet
- Faculty Advisor Poster Newspaper Graduate Fair
- BU web page Other (please specify source): _____

18. Bloomsburg University is required to collect and report information pertaining to ethnic backgrounds of applicants. This information will not affect the admission decision rendered on your application. Please check the space that applies to you:

What is your ethnicity? Hispanic or Latino Not Hispanic or Latino

What is your race? Mark one or more races to indicate what you consider yourself to be:

- White Black or African American Asian
- American Indian or Alaska Native Native Hawaiian or other Pacific Islander

19. EDUCATIONAL / PROFESSIONAL BACKGROUND

List below the colleges or universities you have attended at the undergraduate or graduate level. You are required to have complete and official transcripts of all course work forwarded directly to the School of Graduate Studies from each college or university previously attended (BU students do not need to submit BU transcripts):

Degree received	Institution	Date awarded	Location	Dates of attendance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you plan to request evaluation of any previous graduate course work for transfer into your Bloomsburg graduate program? Yes No

Name and Address of Employer	From	To	Position Held or Subjects Taught
_____	_____	_____	_____
_____	_____	_____	_____

Please check: I have requested I shall request . . . that all official transcripts be forwarded (BU students excluded)

If transcript will appear under another name, please indicate name here: _____

Please check one: I have taken I shall take . . .
 GMAT GRE Miller Analogies Test PRAXIS No test required
(please send or fax a copy of your Praxis scores to the Graduate Office)

Date test taken, if applicable: _____ I have requested official scores to be sent.

I certify that the information that I have given on this application is complete and true to the best of my knowledge. I agree that if I am accepted for admission, I shall comply with all of the rules and regulations of the university which may be in effect or which shall be put into effect while I am a student.

Signature

Date