

## ***APPLICATION FOR ADMISSION TO GRADUATE STUDIES***

Return this form with your \$35 (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)
- |   |  |
|---|--|
| <input type="checkbox"/> Audiology (AuD) traditional<br><input type="checkbox"/> Audiology (AuD) clinical neurophysiology IOM<br><input type="checkbox"/> Biology (MS)<br><input type="checkbox"/> Biology (M.Ed.)<br><input type="checkbox"/> Business Administration (MBA)<br><input type="checkbox"/> Business Education (M.Ed.)<br><input type="checkbox"/> Business Education (M.Ed. w/certification)<br><input type="checkbox"/> Clinical Athletic Training<br><input type="checkbox"/> Counseling (M.Ed.) (check one of the following):<br><input type="checkbox"/> Student Personnel Services<br><input type="checkbox"/> Elementary School<br><input type="checkbox"/> Secondary School<br><input type="checkbox"/> Curriculum & Instruction (M.Ed.)<br><input type="checkbox"/> Curriculum & Instruction (M.Ed. w/certification)<br><input type="checkbox"/> Curriculum & Instruction (supervisory certificate)<br><input type="checkbox"/> Early Childhood Education (MS)<br><input type="checkbox"/> Education of the Deaf/Hard of Hearing (MS)<br><input type="checkbox"/> Elementary Education (M.Ed.)<br><input type="checkbox"/> Elementary Education (M.Ed.) w/certification | <input type="checkbox"/> ESL Program Specialist Certificate<br><input type="checkbox"/> Exceptionalities (MS)<br><input type="checkbox"/> Exceptionalities (MS w/certification)<br><input type="checkbox"/> Exercise Science (thesis option)<br><input type="checkbox"/> Exercise Science (non thesis option)<br><input type="checkbox"/> Instructional Technology/corporate track (MS)<br><input type="checkbox"/> Instructional Technology/education track (MS)<br><input type="checkbox"/> Instructional Technology/eLearning Certificate<br><input type="checkbox"/> Managerial Decision Making Certificate<br><input type="checkbox"/> Nursing (MSN)<br><input type="checkbox"/> Nurse Anesthesia<br><input type="checkbox"/> Nurse Practitioner (Post MSN Certificate Program)<br><input type="checkbox"/> Principal Certificate<br><input type="checkbox"/> Radiologist Assistant Program (MS)<br><input type="checkbox"/> Reading (M.Ed.)<br><input type="checkbox"/> Special Education (MS)<br><input type="checkbox"/> Special Education (supervisory certificate)<br><input type="checkbox"/> Speech Pathology (MS)<br><input type="checkbox"/> 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 \_\_\_\_\_