THE UNIVERSITY OF ALABAMA GRADUATE SCHOOL

Box 870118 • Tuscaloosa, Alabama 35487-0118 • (205) 348-5921 • For more information go to: http://graduate.ua.edu

APPLICANT DATA SHEET

APPLICATION INFORMATION

Applicant Name: _____
Last/Family Name First Name Middle/Other Name

Other names in which transcript may be listed. _____

Social Security Number: _____

Proposed Major: _____

Specialty: _____

Degree Sought: ❑ Masters ❑ MFA ❑ DMA ❑ PhD ❑ MBA ❑ EdS ❑ EdD ❑ Other: _____

Check one of the following: ❑ U.S. Citizen/Permanent Resident ❑ International Applicant/Non U.S. Citizen

Type of Application (check one):
- ❑ Regular degree application
- ❑ Degree application from current UA senior applying for graduate degree in same field
- ❑ Degree application from current UA master's student applying for doctoral degree in same field

Place of Initial Enrollment: ❑ On-Campus ❑ Off-Campus ❑ Gadsden ❑ Overseas

Proposed Entrance Date: Year _____ Term: ❑ August ❑ January ❑ May ❑ June ❑ July

Entrance Examination: Type _____ Date Taken _____

Approximate Overall Undergraduate GPA (based on a 4.0 scale): _____

Have you previously applied to the UA Graduate School or taken graduate courses through continuing education at UA? ❑ Yes ❑ No If yes, when? _____

INFORMATION ABOUT THE APPLICANT:

Mailing Address: Street or Box Number _____

City _____ State _____ Zip/Postal Code _____ Country, if not USA _____

Telephone Number: Work ( ) _____ Home ( ) _____ Email _____

Permanent Address: _____ County of Origin: _____

Country of Citizenship: _____ Place of Birth _____ Date of Birth (month/day/year): _____

Have you resided, or will you have resided, in Alabama for the 12 month period immediately preceding the date you plan to enroll at UA? _____

INTERNATIONAL STUDENTS ONLY ***(Send proof of permanent resident status with this application, if applicable.)***

If you are not a citizen of the United States, which type of visa do you have or expect to receive? _____ Student (F_____) (J_____) _____ Permanent Resident _____ Other

EMERGENCY CONTACT INFORMATION: Name: _____

Relationship to You: _____ Contact (Area Code) Telephone: _____

Contact Address: _____

LIST ALL UNDERGRADUATE AND GRADUATE OR PROFESSIONAL INSTITUTIONS ATTENDED:

The institution should mail original transcripts directly to the Graduate School.

Name of Institution	City and State	Months/Year(s) Attended From - To	Year Graduated	Degree Received	Major

In what activities have you engaged since graduation? If employed, please provide name and address of employer, title of position held, and dates employed. Do not send copies of publications and experience unless requested to do so. Please attach resume.

REFERENCES:

Original letters of reference should be sent directly to the department or program in which you plan to major. List at least three references who are qualified to describe your abilities and academic qualifications and ask them to send recommendation forms or letters.

NAME	TITLE	ADDRESS

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR STATISTICAL PURPOSES AND INFORMATION

American Indian or Alaskan Native ____ Asian or Pacific Islander ____ African American ____ Hispanic ____ White Non-Hispanic ____ Other _____

Sex: Male ____ Female ____

FINANCIAL ASSISTANCE

If you wish to be considered for financial assistance, please contact the department in which you are applying.

I certify that the above information 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, other screening standards, and Graduate School procedures are necessary for acceptance as a degree candidate. I also have read the regulations of the Graduate School as contained in its catalog. I further certify that, if required, I have complied with the provisions of the United States Military Service Act by having registered with the Selective Service Board.

Date _____ **Signature** _____