

APPLICATION FOR GRADUATE ADMISSION

Please read all instructions on the preceding page before completing the application. Please refer to the code sheets attached to this form for all appropriate codes.

The University of Louisville is an equal opportunity institution and does not discriminate against persons on the basis of race, religion, sex, sexual orientation, age, disability, color or national origin. Completion of related items is optional, however it will aid in the prompt processing of your application and will be used for federal, state and Affirmative Action reporting purposes.

FOR OFFICE USE ONLY
EmplID _____

1. Name Ms. Mr. _____
Last or Family First (Given) Middle

Other names under which records may be listed _____

Have you ever attended UofL? Yes No If yes, what is your UofL ID: _____ Are you currently enrolled at UofL? Yes No

2. Social Security Number _____/_____/_____	3. Date of Birth ____/____/____ <small>Month Day Year</small>	4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Ethnic Background <input type="checkbox"/> White/Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black/African-American <input type="checkbox"/> American Indian <input type="checkbox"/> Other
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6. Citizenship Country of birth: _____ Country of citizenship: _____ City of birth: _____ Country of legal permanent residency: _____ If not a U.S. citizen, what is or will be your immigrant status or visa type? _____	7. E-mail Address _____
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8. Home Address <small>(International students are required to provide their international permanent address. P.O. boxes or university addresses are not acceptable.)</small> (____) _____ (____) _____ <small>Area Home Telephone Area Alternate Telephone</small> _____ <small>Number Street</small> _____ <small>City State Zip</small> _____ <small>County Country</small>	9. Mailing Address <input type="checkbox"/> Same as Home Address (____) _____ (____) _____ <small>Area Home Telephone Area Alternate Telephone</small> _____ <small>Number Street</small> _____ <small>City State Zip</small> _____ <small>County Country</small>
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10. Emergency Contact Same as: <input type="checkbox"/> Mailing <input type="checkbox"/> Home Name _____ Relationship _____ (____) _____ (____) _____ <small>Area Home Telephone Area Alternate Telephone</small> _____ <small>Number Street</small> _____ <small>City State Zip</small> _____ <small>County Country</small>	11. Residency How long have you resided in the state of Kentucky? _____ <small>(Students with immigrant status must submit a copy, both sides, of their immigration card for review of possible resident classification.)</small> If you lived elsewhere, where and when? _____ _____ <small>(month/year – month/year)</small> Indiana residents of Clark, Crawford, Floyd, Harrison, Scott, Washington Counties: How long have you resided at your present permanent address? Give dates (month/year – month/year) _____ Are you a member of the military in active or reserve status? <input type="checkbox"/> Yes <input type="checkbox"/> No
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12. Experience—Occupational, military, professional, etc. (last two positions held)

Employer	Location	Title or nature of position	Dates
_____	_____	_____	_____
_____	_____	_____	_____

13. Education Plans (see attached code sheets)

Major Code	Degree Code	Concentration Code (if applicable)
[]	[]	[]

14. Enrollment Plans Do you plan to enroll <input type="checkbox"/> Full time? <input type="checkbox"/> Part time? If you plan to enroll part time, how many hours? _____ <input type="checkbox"/> Credit? or <input type="checkbox"/> Audit? Visiting student? <input type="checkbox"/> Yes <input type="checkbox"/> No Pursuing degree at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	15. Term Year: _____ <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer
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16. College of Education and Human Development Applicants:

Pursuing a Secondary Education MAT Degree? Yes No Subject Area _____

Pursuing a Rank I program in Education? Yes No

Pursuing a Rank II program in Education? Yes No

Seeking Certification? Yes No Specify Area _____

Praxis Exam date: _____

If you intend to use this degree as a rank program or to gain certification through the Education Professional Standards Board, you are required to contact the College of Education Advising Center during your first semester to begin the required process of continuous assessment and portfolio review.

17. Special Programs (Check if applicable)

- KY Virtual University
- Accelerated 5-year program
- MD/PhD
- Dual enroll in multiple programs
- Interdisciplinary Studies, areas of interest: _____

18. Colleges and Universities Attended

List in chronological order ALL colleges and hospital programs attended or attending, including UofL.

Have you previously applied to UofL? Yes No If yes, when? _____
(Specify dates and program)

Colleges (Undergraduate Work)	Location (City/State)	Dates Attended (From-To)	Degree Earned/Date Received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Colleges (Graduate Work)	Location (City/State)	Dates Attended (From-To)	Degree Earned/Date Received
_____	_____	_____	_____
_____	_____	_____	_____

Do you hold any type of professional certificate or license? Yes No If yes, specify: _____

19. Test Information

- GRE MAT
- GMAT Praxis

Date taken: _____

Verbal: _____

Quantitative: _____

Analytical: _____

20. Comments (optional)

21. Signature — This statement MUST be signed by applicant.

I understand that making false statements and providing incomplete information may result in the cancellation of my admission and/or registration. I certify that the information provided in this application is true and correct. To be considered for unconditional admission, I understand that I must submit all credentials including evidence of minimum grade point averages and/or test scores and meet all specific program admission requirements.

Signature _____

Date _____