

You may print this application form from your browser, fill it out, and mail it with all required application materials to **The Graduate School, P.O. Box 60, State University, AR 72467**

Please PRINT or TYPE all requested information

**THE GRADUATE SCHOOL
APPLICATION FOR ADMISSION
ARKANSAS STATE UNIVERSITY**

Students entering the graduate program are required to submit a \$30 application fee (international application fee is \$40); doctoral application fee is \$50. All fees must accompany the application for admission and are not refundable.

If your date of birth is January 1957 or later, you are required to present written documentation of measles and rubella immunization. This immunization must have been received after the first birthday and after January 1, 1968.

The applicant must request a separate, official transcript from each college and/or university attended since leaving high school to be mailed directly to the Graduate School. Return this application form to The Graduate School, Arkansas State University, P.O. Box 60, State University, AR 72467.

EQUAL OPPORTUNITY-AFFIRMATIVE ACTION Arkansas State University policy and practice strongly supports the goals of equal opportunity and affirmative action in its educational programs and activities.

ASU does not discriminate on the basis of race, color, religion, age, disability, sex, or national origin in employment of faculty and staff or admission and treatment of students, and both in terms of staff and programs we are moving ahead to comply with the goals and objectives of Title VI of the Civil Rights Act of 1954, Title IX of the Educational Amendments Act of 1972, and Executive Order 11246.

Any questions should be addressed: to Coordinator of Equal Opportunity and Affirmative Action at Arkansas State University, Room 205, Administration Building, telephone 870-972-3454.

Social Security Number

Email Address

____ - ____ - ____

1. NAME (print) _____ 2. SEX () Male () Female

(Last)

(First)

(Middle)

3. LIST ANY OTHER NAMES USED ON EDUCATIONAL RECORDS _____

4. PERMANENT MAILING _____ Phone _____

ADDRESS

(No. & St. or P.O. Box)

(City)

(County)

(State)

(Zip)

5. CURRENT ADDRESS _____ Phone _____

ADDRESS

(No. & St. or P.O. Box)

(City)

(County)

(State)

(Zip)

6. DATE OF BIRTH _____ BIRTHPLACE _____

(Month) (Day) (Year)

(City)

(State)

7. RESIDENCE () Resident of Arkansas () Not a resident of Arkansas Country of Citizenship _____

8. RACIAL/ETHNIC INFORMATION (optional) () Native American or Alaskan Native () Asian or Pacific Islander

() Black, Non-Hispanic () Hispanic () White, Non-Hispanic () Other (Specify)

9. HIGH SCHOOL _____ Date of Graduation _____

Name

City and State

10. WHEN DO YOU PLAN TO ENROLL IN THE ASU GRADUATE SCHOOL?

() Fall, ____ (yr)

() Spring, ____ (yr)

() 1st Summer, ____ (yr)

() 2nd Summer, ____ (yr)

11. GRADUATE DEGREE YOU PLAN TO PURSUE Degree _____ Major _____

12. REGISTRATION CLASSIFICATION REQUESTED _____NON DEGREE _____CERTIFICATION _____DEGREE SEEKING

13. DO YOU POSSESS A FULL TEACHING CERTIFICATE? () Yes () No If yes, specify level and field. _____

Completed Praxis II Exam () Yes () No

14. HAVE YOU SERVED IN THE ARMED FORCES? () Yes () No

15. HAVE YOU EVER BEEN CONVICTED OF A FELONY OR ARE THERE ANY FELONY CRIMINAL CHARGES NOW PENDING AGAINST YOU? () Yes () No

16. LIST **ALL** COLLEGES OR UNIVERSITIES ATTENDED SINCE LEAVING HIGH SCHOOL

Name of School	Dates of Attendance	Semester Hours Attempted		Degree Received
		Undergraduate	Graduate	

Undergraduate Major _____ Minor _____ Graduate Major _____

17. CURRENT WORK POSITION Current Office Telephone _____ (Dates)

Place _____ Position _____ From _____ to _____

I hereby affirm that all information supplied on this form is complete and accurate. It is my understanding that I shall not be considered for admission to Arkansas State University until I have submitted all credentials specified. Conditional admission may be given by the Dean of the Graduate School, but I understand that withholding information requested, giving false information, or not meeting all admission requirements may result in an administrative withdrawal from the Graduate School.

Date _____, _____ (yr) Signed _____

RESIDENCE INFORMATION

To be classified as an "in-state" student for fee purposes, a student must be a bona fide domiciliary of Arkansas and must have resided in that status for at least six consecutive months prior to the beginning of the term or semester for which the fees are to be paid.

A student from outside Arkansas shall have the burden of establishing in-state status for fee purposes, and evidence to that effect must be presented in writing, verified under oath by the student. A student who knowingly gives erroneous information to evade payment of out-of-state fees shall be subject to dismissal from the University.

ADMISSION

PLEASE CONSULT THE GRADUATE BULLETIN FOR MORE SPECIFIC ADMISSION REQUIREMENTS FOR EACH MAJOR.

GENERAL DOCUMENTS NEEDED IN THE APPLICATION PROCESS:

1. A completed copy of this application form accompanied by the appropriate application fee. (There are separate application forms for the doctoral programs.)
2. Official transcripts from all colleges and universities attended since leaving high school. Transcripts must be mailed directly from the institutions previous attended.
3. If your date of birth is January 1957 or later, you are required to present written documentation of measles and rubella immunization. This immunization must have been received after the first birthday and after January 1, 1968.
4. Arkansas law requires that in order to be eligible for enrollment at a public institution of higher learning an applicant who is a U.S. citizen must be registered or be exempt from registration with the selective service system. A form affirming registration is also required for admission to Graduate School and is available at the Graduate School.
5. Application materials become the property of the university and may not be returned to the applicant or forwarded to other institutions.
6. If a standardized test is required for your major, you may contact the Testing Center at Arkansas State University to make the necessary arrangements for testing. The telephone number is 870-972-2038.

ALL MATERIALS AND DOCUMENTS MUST BE SUBMITTED TO THE DEAN OF THE GRADUATE SCHOOL, ARKANSAS STATE UNIVERSITY, P.O. BOX 60, STATE UNIVERSITY, AR 72467.

For more information:

Telephone: 870-972-3029

FAX: 870-972-3857
E-mail: gradsch@astate.edu

To access the Graduate Bulletin website: [Click Here](#)