



## TEXAS SOUTHERN UNIVERSITY

### APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL

Social Security Number	<b>Office Use Only</b>	Check the term of Entry (one box only)      Fall <input type="checkbox"/> Spr <input type="checkbox"/> Sum I <input type="checkbox"/> Sum II <input type="checkbox"/>			
	MO DAY				
Legal Name (Last) (First) (Middle)	Former name	Sex (optional)	Date of Birth – Mo Day Year		
Mailing address (Number and Street) (City) (State) (Zip)	Home Phone				
Permanent address (Number and Street) (City) (State) (Zip)	Business phone				
Place of birth (City) (State) (County)	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>E-mail Address:</b>			
Are you a legal resident of Texas? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long have you resided in Texas? From                      To	Country of citizenship	Type of visa if not US citizen		
Ethnicity (Optional) This information is used for statistical purposes.					
<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Indian (American) <input type="checkbox"/> Japanese <input type="checkbox"/> Korea <input type="checkbox"/> Mexican American <input type="checkbox"/> Latino <input type="checkbox"/> Other Race (please print)		<input type="checkbox"/> Asian or Pacific Islander (AP) <input type="checkbox"/> Chinese <input type="checkbox"/> Samoan <input type="checkbox"/> Filipino <input type="checkbox"/> Asian Indian <input type="checkbox"/> Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other AP (Print group)			
Name and address of parent or alternative contact					
Have you previously applied for Admission to graduate status at Texas Southern University? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes,                      Year	Department		
Have you ever enrolled for credit courses at Texas Southern University? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, From:      To:	<input type="checkbox"/> Undergraduate Student <input type="checkbox"/> Graduate Student		Student Number, if any
<b>List names of all colleges schools attended including Texas Southern University</b>					
College or school name	Location		Dates	Degree and date received or expected	
	City	State			
Check box if you have taken or plan to take the following tests. <b>Date</b>			Score: _____		
<input type="checkbox"/> Graduate Record Examination <input type="checkbox"/> Test of English as a Foreign Language <input type="checkbox"/> Graduate Management Admissions Tests					

List all jobs held during the past 12 months beginning with the most recent position.

Name of Company, Agency of Organization	City	State	Zip	From: Mo. /Yr.	To: Mo. /Yr.

**Attach a sheet if additional space is required.**

**\*\*Student Please Provide your E-Mail Address**

E-Mail Address: \_\_\_\_\_

**APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL**

Which student status are you seeking? <input type="checkbox"/> Graduate <input type="checkbox"/> Certificate Teaching <input type="checkbox"/> Transient Administration <input type="checkbox"/> Non Degree/Special Student	Check degree for which you wish to qualify. <input type="checkbox"/> M.A. <input type="checkbox"/> M.Ed. <input type="checkbox"/> M.B.A. <input type="checkbox"/> MUPEP <input type="checkbox"/> M.P.A. (Public Administration) <input type="checkbox"/> M.S. <input type="checkbox"/> Other Master's (Specify)
Degree Goal: <input type="checkbox"/> Master's _____ Department _____	

State specified area in which you wish to study in your major department. If more space is required, attach separate sheet.  
 Check ONE curriculum in which you wish to study (Master's degree applicants)

<input type="checkbox"/> Administration of Justice	<input type="checkbox"/> Environmental Toxicology	<input type="checkbox"/> Management Information Systems
<input type="checkbox"/> Biology	<input type="checkbox"/> Health Care Administration	<input type="checkbox"/> Mathematics
<input type="checkbox"/> Business Administration	<input type="checkbox"/> Health Education	<input type="checkbox"/> Music
<input type="checkbox"/> Chemistry	<input type="checkbox"/> History	<input type="checkbox"/> Psychology
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Human Performance	<input type="checkbox"/> Pharmaceutical Science
<input type="checkbox"/> Counseling	<input type="checkbox"/> Human Services & Consumer Science	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Curriculum & Instruction	<input type="checkbox"/> Industrial Technology	<input type="checkbox"/> Sociology
<input type="checkbox"/> Educational Administration	<input type="checkbox"/> Journalism	<input type="checkbox"/> Speech Communication
<input type="checkbox"/> English		<input type="checkbox"/> Telecommunications
		<input type="checkbox"/> Transportation Planning & Management
		<input type="checkbox"/> Urban Planning

**Failure to submit complete and accurate information may result in denial of this application or dismissal from the University.**

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

**DEPARTMENTAL RECOMMENDATION**

Deficiencies that must be removed

We recommend admission with the following status: Unconditional <input type="checkbox"/> Conditional <input type="checkbox"/> Non-Degree (Special) <input type="checkbox"/> Non-Degree (Certificate) <input type="checkbox"/> Transient <input type="checkbox"/> Denied <input type="checkbox"/>	Degree Sought _____ Major Code _____ Major Field _____ Department _____
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1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

Date \_\_\_\_\_ Signature of Departmental Representative \_\_\_\_\_

**GRADUATE SCHOOL ACTION**

Admitted Yes <input type="checkbox"/> No <input type="checkbox"/> Category of admission: Unconditional <input type="checkbox"/> Conditional <input type="checkbox"/> Non-Degree (Special) <input type="checkbox"/> Non-Degree (Certificate) <input type="checkbox"/> Transient <input type="checkbox"/> Denied <input type="checkbox"/>	Degree seeking status Yes <input type="checkbox"/> No <input type="checkbox"/> Remarks: 1. _____ 2. _____	Student notified: by letter <input type="checkbox"/> in person <input type="checkbox"/> Date _____ By _____
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Date \_\_\_\_\_ Signature of School Dean \_\_\_\_\_

**Notice of Nondiscriminatory Policy**

Texas Southern University admits students without regard to their sex, disability, race, color, and creed, national or ethnic Origin and entitles them to all the rights, privileges, programs and activities generally accorded to its students. Texas Southern University does not discriminate on the basis of race, color, national or ethnic origin, sex or against otherwise qualified disabled students in its admission, academic and other standards, not in financial aid; nor in the planning and administration of any of its academic programs.