

_____	_____	_____
Date Received	Date Application Fee Received	Payment method

Domestic Graduate Application for Admission

Please type or print clearly

Applicant Information

Last Name _____ First Name _____ Middle _____

Preferred Last and First Name _____ Other name(s) under which your records might be found _____ Male _____ Female _____

Current Address: Number and Street _____ City & State _____ Country _____ Zip Code/Postal Code _____

Permanent Address: Number and Street _____ City & State _____ Country _____ Zip Code/Postal Code _____

Phone Number _____ Fax # (if available) _____ E-mail address _____

If your home is in Kansas, when did your residence begin? _____/_____/_____
 Month/Day/Year

Is English your first language? _____ If English is not your first language, what is your first language? _____

Citizenship _____ If you are not a citizen of the United States, what is your Visa status? _____

SSN: _____ - _____ - _____
 OPTIONAL: Social Security Number is required for purposes of awarding financial aid. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

OPTIONAL: The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act, Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. Disclosure of date of birth is voluntary, and this information will be used for identification purposes when there is duplication of students' names. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards. If you so choose, please provide the following information, as appropriate.

Date of Birth: _____/_____/_____
 Month/Date/Year

American Indian or Alaskan Native
 Asian or Pacific Islander
 Black (not of Hispanic origin)
 Hispanic
 White (not of Hispanic origin)
 Other

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, U.S.A.

Enrollment Information

Department: _____ Major Field: _____ TERM: _____

Degree Sought: Master's _____ Doctorate _____ Non-degree A _____ Non-degree C _____

Have you ever applied to KU before? Yes No If "yes," have you attended KU before? Yes No If "yes," student # _____

Educational Information

Important: Applicants must submit 1 official set of all undergraduate and graduate transcripts with application.

List below, in chronological order, COMPLETE information concerning every post-secondary institution you have attended. Attach an additional list if needed.

Full Name of Institution	Location	Dates of Attendance	Major	Degree	Date Awarded/Expected	GPA
_____	_____	_____/_____/_____	_____	_____	_____	_____
_____	_____	_____/_____/_____	_____	_____	_____	_____
_____	_____	_____/_____/_____	_____	_____	_____	_____

Résumé

Please attach résumé listing scholarships/fellowships, awards, and history of employment. List employment since bachelor's degree and begin with latest employment.

References

List the names of three people who are submitting letters regarding your qualifications for graduate study.

Name

Position

Email Address

_____	_____	_____
_____	_____	_____
_____	_____	_____

Test Scores

GRE: _____
Verbal Quantitative Analytical Adv. Subject Date Taken

Other: _____

Official scores must be submitted if department requires test
ETS school code: 6895

Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

Date of Application _____ Signature of Applicant _____

PLEASE DO NOT WRITE BELOW THIS LINE

DEPARTMENTAL RECOMMENDATION

Admission recommended with _____ Not admitted

the following status:

___ Regular ___ Non-degree A Deficiencies/Remarks _____
___ Provisional ___ Non-degree C _____
___ Probation ___ Special B _____

Degree Program: _____ PS plan _____

Department: _____

Major Field: _____

Campus: ___ Kansas City ___ Wichita

Date _____ Signature of Departmental Representative _____

GRADUATE DIVISION ACTION

Admitted: _____ Not admitted Remarks: _____

___ Regular ___ Non-degree A
___ Provisional ___ Non-degree C
___ Probation ___ Special B

Date _____ Signature of Graduate Division Representative _____

Please send your application for admission, official transcripts, test scores, letters of recommendation, and other required materials to the **KUMC department in which you wish to study.**

Safety and Crime at KUMC

Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at www.kumc.edu/police.