



PS ID # (OFFICE USE ONLY)

- First Application to Graduate School
Re-application to Graduate School

DOMESTIC: Submit application at least six weeks prior to the beginning of the term for which admission is sought.
INTERNATIONAL: Submit application at least six months prior to the beginning of the term for which admission is sought.

PERSONAL DATA

Form section for personal data including Social Security Number, LAST NAME, E-mail address, Permanent Address, Mailing Address, Gender, Date of birth, Name of person to contact in case of emergency, Address, and various checkboxes for ethnicity and employment.

PROGRAM DATA

Form section for program data including My intended program is, Program Code number, Do you plan to pursue an advanced program leading to a degree?, I am applying for an assistantship, U.S. Citizen, Country of Citizenship, Native Language, and current status.

EDUCATION (including The University of Akron or school currently attending, if any)

Complete the following blanks for all universities, colleges, schools of nursing, technical schools, or other postsecondary educational programs you have attended or are now attending. (Attach additional sheet if necessary.)

Table with columns: College/University/School, Location, From MO. YR., To MO. YR., Major, Degree/Certificate - Either completed or anticipated?, Name of degree, if any.

Are you currently under suspension or dismissal for disciplinary reasons from any college, university, or other formal postsecondary education program? NO YES - If yes, attach a statement of explanation.

(If applicable) When did you last attend The University of Akron? Did you attend as a workshop special only? YES NO

Form section for degree information: Bachelor's degree awarded by (The University of Akron, Ohio private college, Another Ohio public college, College outside Ohio) and Master's degree awarded by (The University of Akron, Ohio private college, Another Ohio public college, College outside Ohio).

CERTIFICATION OF TRUTH STATEMENT (Please read the following and sign below.)

I affirm that the information I have provided on this application form and all other admission application materials is complete, accurate, and true to the best of my knowledge. I authorize each college or school I have attended to release academic and personal information as related to this admission application upon request.

X Signature Date Fee paid
Write, do not print, your legal signature. rev. 12/04 592-G-26