



Application for Admission

Graduate Program

APPLICANT INFORMATION

Social Security Number

_____ - _____ - _____

Student Name

Last Name: _____ First Name: _____ Middle Initial: _____

Maiden Name: _____ Preferred First Name: _____

Permanent Address

Street: _____ City: _____ State: _____ Zip: _____

County: _____ Country: _____ Int'l Postal Code: _____

Phone: _____ Fax: _____ Cell: _____

E-Mail: _____

Mailing Address

Street: _____ City: _____ State: _____ Zip: _____

County: _____ Country: _____ Int'l Postal Code: _____

Phone: _____ Date from: _____ to _____

Citizenship

Are you a citizen of the United States? _____

If not, what country? _____

If not, what kind of visa will you have if you enroll? _____

EMPLOYMENT/ACTIVITIES

Current Employer

Employer: _____ Nature of Work: _____

Phone: _____ Date from: _____ to _____

Previous Employer

Employer: _____ Nature of Work: _____

Phone: _____ Date from: _____ to _____

Employer: _____ Nature of Work: _____

Phone: _____ Date from: _____ to _____

Employer: _____ Nature of Work: _____

Phone: _____ Date from: _____ to _____

Military

Have you served in the armed forces? _____
What branch? _____
Date from: _____ to _____
Type of military discharge: _____

Professional

List any service or professional organizations you have participated in:

ACADEMIC PLANS/INFORMATION/EDUCATIONAL BACKGROUND

Academic History

Cumulative Undergrad GPA: _____ GRE Score: _____ MAT Score: _____

Academic Institutions Attended

Begin with most recent institution attended.

Institution 1

Academic Institution: _____ City: _____
State: _____ Date attended from: _____ to _____
Earned hours: _____ Degree: _____
Cumulative GPA: _____

Institution 2

Academic Institution: _____ City: _____
State: _____ Date attended from: _____ to _____
Earned hours: _____ Degree: _____
Cumulative GPA: _____

Institution 3

Academic Institution: _____ City: _____
State: _____ Date attended from: _____ to _____
Earned hours: _____ Degree: _____
Cumulative GPA: _____

Academic Institutions Applied

To what other institutions have you applied?

Academic Institution 1: _____ City: _____ State: _____
Academic Institution 2: _____ City: _____ State: _____
Academic Institution 3: _____ City: _____ State: _____

Enrollment/Degree Plans

When do you plan to begin classes? _____

What area of study do you plan to pursue? _____
Choice of Graduate Program: (Architecture or Education)

Objective/Housing/Financial Aid

Would you need campus housing? _____ Married housing? _____

Do you intend to file a Free Application for Federal Student Aid (FAFSA)? _____
(This is required to receive financial aid.)

Referral Information

How did you learn about the Master programs at Judson College? _____

OPTIONAL INFORMATION

The following information is collected for statistical purposes and will not be used in determining your eligibility for admission. Disclosure of all information in this section is voluntary.

Personal Information

Gender: Male Female Date of birth: _____ Race/Ethnicity: _____

Marital Status: _____

Spouse and Children

Full name of spouse

First name: _____ MI: _____ Last name: _____

Full name of children

First name: _____ MI: _____ Last name: _____

First name: _____ MI: _____ Last name: _____

First name: _____ MI: _____ Last name: _____

In Case of emergency call

First name: _____ Last name: _____ Age: _____

First name: _____ Last name: _____ Age: _____

Church/Religion

Name of church you regularly attend: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____ County: _____

Country: _____ International postal code: _____

Hometown/Area Newspaper

Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Country: _____

International postal code: _____