

Middle Tennessee State University

GRADUATE

APPLICATION FOR ADMISSION

BUSINESS OFFICE STAMP

FEE RECEIPT

U.S. citizens must complete and return this application along with a \$25 non-refundable application fee to the College of Graduate Studies, Middle Tennessee State University, MTSU Box 42, Murfreesboro, TN 37132. International students must complete and return this application with a \$30 application fee. Re-enrollees are not required to pay an additional fee unless seeking a higher degree. Some programs require supplemental applications. The application may also be completed online at www.mtsu.edu/graduate.

PLEASE PRINT OR TYPE

Should you be classified out-of-state when your application is processed, the University reserves the right to reassess fees.	
NEW APPLICANT SSN _____	RE-ENROLLING STUDENT M# _____
FULL LEGAL NAME	
Last _____	First _____ Middle _____ Maiden _____
PERMANENT HOME ADDRESS	
Home phone (ac) _____	Business phone _____
No. and Street _____	Apt. # _____ County _____
City _____	State _____ Zip _____ Country _____
PRESENT MAILING ADDRESS	
E-mail _____	
No. and Street _____	Apt. # _____ County _____ Phone (ac) _____
City _____	State _____ Zip _____ Country _____
CONTACT PERSON (to notify in case of emergency)	
Relationship _____	
Name (last) _____	(first) _____ (middle) _____
Address	
No. and Street _____	Apt. # _____ County _____ Phone (ac) _____
City _____	State _____ Zip _____ Country _____
DATE OF BIRTH	PLACE OF BIRTH Country _____
Month _____ Day _____ Year _____	City _____ State _____
<p><i>Effective July 1, 1998, the State of Tennessee requires students entering colleges, universities, and technical institutes with enrollment of greater than 200 students to provide proof of two (2) doses of measles, mumps, and rubella (MMR) vaccine on or after the first birthday, or proof of immunity to measles if date of birth is 1957 or after. Students will not be allowed to register for classes until an acceptable form is on file in the Student Health Services Office. More information can be obtained by contacting McFarland Health Services, (615) 898-2988.</i></p>	
GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	
CHECK ONE: Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
CHECK ALL THAT APPLY: Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander	
<p>All male U.S. citizens and male non-citizens who take up residency in the United States of America before their 26th birthday must register with Selective Service prior to registering for classes at MTSU. This requirement does not apply to veterans and others exempt by federal law. Indicate whether you have registered for the United States Selective Service: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Exempt</p> <p>Military veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
CHECK ONE: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Foreign Citizen, permanent U.S. resident, Asylee, Refugee, or <input type="checkbox"/> Foreign Citizen, non-immigrant	
If non-U.S. resident, in what country do you hold citizenship? _____ What type visa do you hold? _____	
All visa holders living in the U.S. must provide a U.S. mailing address _____	
CHECK ONE: Are you a participant in the Ronald E. McNair Postbaccalaureate Achievement Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Type of Admission: First-time MTSU graduate student Re-enrolling MTSU graduate student

Indicate when you plan to enter MTSU. Year _____ Fall Spring Summer

Classification (check only one): Master's Specialist in Education Doctorate
 RODP Certificate Program Non-Degree (not working toward a graduate degree)

Intended Graduate degree (if applicable) _____ (Ed.S., M.A., M.A.T., M.B.A., M.B.E., M.C.J., M.Ed., M.F.A., M.P.S., M.S., M.S.N., M.S.T., Ph.D.)

Intended program _____ Concentration _____

Specialization _____ If you hold a current teaching license, in what area(s) _____

INDICATE ANY FULL-TIME EMPLOYMENT YOU HAVE HAD IN THE PAST THREE YEARS.

If you need additional space, attach a separate sheet.

Occupation	Employer	Location	Dates

Have you lived in Tennessee continuously for the past 12 months? Yes No

If yes, where? City _____ County _____ Zip _____

LIST ALL COLLEGES, UNIVERSITIES, ESL, AND KAPLAN PROGRAMS ATTENDED (INCLUDING MTSU). OFFICIAL TRANSCRIPTS FROM ALL PREVIOUS INSTITUTIONS (INCLUDING BUSINESS AND TECHNICAL SCHOOLS) MUST BE MAILED DIRECTLY FROM THE INSTITUTION TO THE COLLEGE OF GRADUATE STUDIES, MTSU BOX 42, MURFREESBORO, TN 37132. FAILURE TO DO SO WILL VOID APPLICATION.

NAME AND LOCATION OF INSTITUTION	DEGREE EARNED	DATE DEG. TO BE CONFERRED	DATES ATTENDED (Mo.,Yr.)	NAME UNDER WHICH TRANSCRIPT WILL BE ISSUED

Several degree programs require letters of reference written by three former professors or by two professors and one employer. Please check the graduate catalog for specific programs. Clinical Psychology and School Counseling have special reference forms. If relevant, please contact the Psychology Department.

MTSU uses social security numbers as personal identifiers for various reasons, including but not limited to the following: receiving and processing federal financial aid, 1098T reporting for the Hope Scholarship tax credit, providing information to state and federal agencies that use social security information for identification or reporting purposes, and maintaining academic, business office, human resources, and admission records. In accordance with the Privacy Act of 1974, you are advised that the disclosure and use of your social security number is voluntary. However, if you wish to not disclose your number, you may be unable to receive several of the services previously mentioned. Individuals who do not disclose their social security numbers will have a unique identifier number assigned to them by the University.

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation at MTSU. With this in mind, I certify that the above statements are correct.

Date _____ Signature _____

DO NOT WRITE BELOW THIS LINE

For MTSU Departmental Recommendation:

Assigned graduate advisor _____

For (term and year) _____ Degree _____

Admit Conditionally Admit Do Not Admit By _____ Date _____

Admit Conditionally Admit Do Not Admit By _____ Date _____

Conditions of Admission (if applicable)

For Graduate Office Use:

Admit Conditionally admit Do Not Admit By _____ Date _____

Comments