ALL APPLICATION MATERIALS CAN BE MAILED TO:
Dakota State University
Office of Graduate Studies and Research
Kennedy Center 113C, 820 N Washington Ave
Madison, SD  57042

Materials required to complete this application:

1. **Application Form:** A complete application form includes the application form and any program-specific application materials required. (Please see individual program requirements).

2. **Application Fee:** A non-refundable application fee of $35, drawn on a U.S. bank, must accompany the form. The check should be made payable to Dakota State University. If the application fee is not included, the application will not be processed. The application fee cannot be waived or deferred and is non-refundable.

3. **Transcripts:** Official transcripts for all institutions from which you have earned degrees or expect to earn a degree as well as any institution from which you have completed coursework that you want considered as part of your degree requirements. If you have received any degree from a South Dakota Regental institution, you will not need to submit an official transcript for that university. Transcripts should be sent directly to the Office of Graduate Studies and Research in a sealed envelope. The registrar’s signature and the school seal must be across the sealed flap. Neither photocopies nor transcripts marked “student copy” are acceptable. In unusual circumstance, an application with unofficial transcripts will be reviewed, but the official transcript must be received prior to official admission.

4. **Forms of Recommendation:** Applicants must submit three forms of recommendation. If the recommendation forms are included with the completed application, the recommendation should be sealed inside an envelope with the reference’s signature across the sealed envelope flap to ensure confidentiality. Additional recommendation forms are available on-line at [http://dsu.edu/graduate-students/graduate-admissions/graduate-application](http://dsu.edu/graduate-students/graduate-admissions/graduate-application).

5. **Standardized Graduate Admission Test Scores:** Applicants are required to take the GRE General test (See specific programs for waiver criteria). Applicants should have the official test scores sent directly to the Office of Graduate Studies and Research. The DSU code number for the test is **6247**.
APPLICATION FOR GRADUATE ADMISSION

Program Information (degree for which you are applying)

☐ MBA in General Management (MBA)  Term of Entry: SU 20 _____ FA 20____ SP 20____
☐ MS in Information Systems (MSIS)  Term of Entry: FA 20_____ SP 20____
☐ MS in Health Informatics (MSHI)  Term of Entry: SU 20_____ FA 20____ SP 20____
☐ MS in Analytics (MSA)  Term of Entry: SU 20_____ FA 20____ SP 20____
☐ MS in Information Assurance and Computer Security (MSIA)  Term of Entry: SU 20_____ FA 20_____ SP 20____
☐ MS in Applied Computer Science (MSACS)  Term of Entry: SU 20_____ FA 20_____ SP 20____
☐ MS in Educational Technology (MSET)  Term of Entry: SU 20_____ FA 20_____ SP 20____
☐ Doctor of Science (D.Sc.) in Information Systems  Term of Entry: FA 20____
☐ Doctor of Science (D.Sc.) in CyberSecurity  Term of Entry: FA 20____

☐ Distance Student  ☐ Madison On-Campus Student  ☐ University Center Student (Sioux Falls)

PERSONAL INFORMATION

NAME: ________________________________________________________________
Last Name _____________________________________________________________
First Name ____________________________________________________________
Middle _______________________________________________________________
Suffix (Jr., Sr., III, etc.) __________________________________________________

Former Name: _________________________________________________________
(Other names under which any documents might arrive)

Social Security Number _________-_____-_________ Date of Birth (use numbers): ________/_____/_______
mm    dd      yy

CURRENT ADDRESS (Present mailing address)

Number and Street ______________________________________________________
City __________________________________________ State ______ Zip code ______
Country _______________________________________________________________
Local Telephone Number (_______) ______________________ Work/School Telephone Number (_______) ______________________
Electronic mail address (e-mail) ___________________________________________
Current address, phone, and email valid until ________________________________

PERMANENT ADDRESS (if different from above)

Number and Street ______________________________________________________
City __________________________________________ State ______ Zip code ______
Country _______________________________________________________________
(_______) ______________________ Phone Number at Permanent Address ____________
Person to contact in case of an emergency ___________________________ Phone Number ____________

CITIZENSHIP AND RESIDENCY

Are you a citizen of the United States? ☐ Yes ☐ No  If yes, are you a resident of South Dakota? ☐ Yes ☐ No
Are you a resident of MN? ☐ Yes ☐ No

If you are not a U.S. citizen;
- What is your country of citizenship? _________________________________________
- What is your country of birth? _____________________________________________
- Are you a permanent resident? ☐ Yes ☐ No  Please attach a copy, front and back, of your green card form I-555

If you are not a U.S. citizen or permanent resident, what is your visa status? ________
(If H1B, attach a copy of your visa and passport)
What is your native language? ________________________________ How many years have you spoken or studied English? _____________
**Information Request**
The information requested below is used to comply with Title VI of the Civil Rights Act of 1964. As an applicant, responding to these questions is optional and your response will in no way affect your admission. However, we are asking for the information now, to avoid sending a separate request after admission. We use the data in aggregated form only, to comply with federal requirements.

Gender: □ Male □ Female
Ethnicity: Hispanic/Latino □ Yes □ No
Race: Select one or more of the following races:
□ American Indian/Alaska Native □ Black or African American □ White □ Asian □ Native Hawaiian/Other Pacific Islander

**ACADEMIC HISTORY**
Baccalaureate degree:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates attended</th>
<th>Degree Earned</th>
<th>Date Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Undergraduate Major</td>
<td>Undergraduate Minor</td>
<td>GPA or equivalent (class, division or %)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Do not convert % to GPA)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Master’s degree:

<table>
<thead>
<tr>
<th>Institution</th>
<th>Location</th>
<th>Dates attended</th>
<th>Degree Earned</th>
<th>Date Earned</th>
</tr>
</thead>
</table>

Official transcripts for all institutions from which you have earned degrees or expect to earn a degree should be sent directly to the Office of Graduate Studies and Research or enclosed in a sealed and signed envelope and submitted with this application.

Please list in **reverse** chronological order all institutions of higher education you have attended or are currently attending in addition to the listed above. You may attach additional pages if necessary.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location or Branch</th>
<th>Dates Attended From To</th>
<th>Degree, Certificates, credits earned</th>
<th>Date Earned or Expected</th>
<th>Major Field</th>
</tr>
</thead>
</table>

**ASSISTANTSHIP**
Are you applying for an assistantship? □ Yes □ No If yes, complete and attach the Application for Assistantship Form.

**REQUIRED STANDARDIZED TESTS:** Required standardized tests and waiver opportunities are program specific. Please refer to specific program admission requirements before completing the next section. TOEFL is required for all international students whose native language is not English. **All test scores must be current.**

**GRE (no more than 5 years old)**
Date Taken: ______________ OR Expected Test Date and Site: ______________

General Test Score: Verbal: ________ Quantitative: ________ Cumulative (V+Q) ________ Analytic Writing ________
Are you requesting a waiver (see admission requirements for acceptable conditions)? □ Yes □ No
Criterion or Provide explanation: ____________________________________________________________________________________________

**TOEFL (no more than 2 years old; for international/ESL students)**
Date Taken: ______________ TOEFL Score: ______________ OR Expected Test Date and Site: ______________

**ACADEMIC HONORS:**
In the space below, briefly describe any academic honors (prizes, scholastic recognition, scholarships/fellowships, membership in honorary societies), published works, and leadership activities you consider significant to your graduate study. Continue on separate sheet if necessary.

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
EMPLOYMENT HISTORY/PROFESSIONAL EXPERIENCE

Please list in reverse chronological order full-time, part-time, and summer employment for the last 5 years.

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Nature of Work/Experience</th>
<th>Dates Employed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Month/Year to Month/Year</td>
</tr>
</tbody>
</table>

Attach additional sheets if necessary.

REFERENCES

Please list the three persons who are familiar with your educational or professional work and who have agreed to serve as references and then please forward a recommendation form to each of these references. These individuals should be able to evaluate your probable success as a graduate student. Completed forms should be sent directly to the Office of Graduate Studies and Research or enclosed in a sealed and signed envelope with this application form.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>POSITION</th>
</tr>
</thead>
</table>

Application checklist, please indicate:

- [ ] I am enclosing/have requested one official transcript for all institutions from which I’ve earned or expect to earn a degree (except SD Regental Universities).
- [ ] I am enclosing/have requested one official transcript for institutions from which I’ve completed coursework that I want considered as part of my degree requirements (except SD Regental Universities).
- [ ] I have requested an official score report for the GRE general test and TOEFL to be sent to DSU or I am planning to take the GRE/TOEFL.
- [ ] I am enclosing/have asked 3 references to submit recommendation forms.
- [ ] I have enclosed the $35.00 application fee.
- [ ] International student with H1-B visa; I have enclosed/have requested a copy of visa and passport.
- [ ] International students: I have enclosed the DSU Declaration and Certification of Finances form.
- [ ] International student with Permanent Residency: I have enclosed a copy of form I-555.

I certify that the information on this form is complete, true and accurate. I understand that any misrepresentation or omission of facts in my application will justify denial or cancellation of admission to the university, before or after enrollment. I understand that the application and all credentials submitted in support of the application become the property of the University and will not be returned or forwarded to another institution. I also understand the information in the application will be shared with all members of the admission committee and assistantship committee (if assistantship is requested).

Signature of Applicant ___________________________ Date __________

Program Information

Please tell us how you learned about the academic program for which you have applied.

- [ ] DSU listing in a graduate school guide or directory: __________________________________________
- [ ] DSU graduate program listing in a Web Guide: __________________________________________
- [ ] Internet Search ___________________________ [ ] Friend
- [ ] I graduated from DSU [ ] Professor at current school
- [ ] DSU Graduate Program alumnus [ ] DSU informational mailing
- [ ] DSU Website [ ] Other: __________________________________________
Additional Information Required For  
D.Sc. in CyberSecurity Applicants  
(This page and required additional pages must be included with your application.)

I. Statement of Purpose:  
On a separate sheet; provide a brief essay (1-2 pages single spaced, 11 pt. Times New Roman, typed or computer-processed) of your interests, professional plans and career objectives. In your statement, make sure you address the following:  
- Why do you want to get a doctoral degree in cyber security?  
- What are your research interests?  
- Why are you interested in these research topics?  
- Do you have the motivation/perseverance to complete the degree?  
- What qualities and experiences do you have that will contribute to your success in the program?  
- What do you plan to do with your degree once you have it?

II. Publications (if any, include a separate sheet if necessary, and a copy of a sample publication):  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________

III. Certifications:  
Please list any current certifications (or licenses) you hold and provide relevant dates (received/expired). Include copies of the certificates with your application.  
1. ____________________________________________________________  
2. ____________________________________________________________  
3. ____________________________________________________________  

Briefly tell us why you think these are relevant to the program (must be provided for to be reviewed).  
________________________________________________________________________  
________________________________________________________________________  
________________________________________________________________________

IV. Certification and Signature  
I certify that the information on this form is complete, true and accurate. I understand that any misrepresentation or omission of facts in my application will justify denial or cancellation of admission to the university, before or after enrollment. I understand that the application and all credentials submitted in support of the application become the property of the University and will not be returned or forwarded to another institution. I also understand the information in the application will be shared with all members of the admission committee and assistantship committee (if assistantship is requested).

Signature of Applicant: ____________________________________________________________  
Date: ______________________________
RECOMMENDATION FORM

TO THE APPLICANT:
Complete the section on personal information and forward the form to three individuals under whom you have studied or worked and/or who are able to assess your qualifications for graduate study. Instruct this person to return the recommendation to you in a sealed envelope, signed across the flap. If the individual prefers to send it to our office directly, it should be sent to the: DSU Office of Graduate Studies and Research, Kennedy Center 113C, 820 N. Washington Ave., Madison, SD 57042. You must submit three recommendation forms.

PERSONAL INFORMATION:
Name___________________________________________________________________________________
(Last Name) (First Name) (Middle Name)
Address________________________________________________________________________________________
Number and Street City State Zip code
(_____)____________________ (______)_______________________ ________________________________
Local Telephone Number Work Telephone Email

INTENDED DEGREE:
□ MBA in General Management (MBA)
□ MS in Information Systems (MSIS)
□ MS in Health Informatics (MSHI)
□ MS in Analytics (MSA)
□ MS in Applied Computer Science (MSACS)
□ MS in Educational Technology (MSET)
□ MS in Information Assurance and Computer Security (MSIA)
□ Doctor of Science (D.Sc.) in Information Systems
□ Doctor of Science (D.Sc.) in CyberSecurity

UNDER THE PROVISIONS OF THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT:

_____ I have retained my right to access to this recommendation.
_____ I have waived my right to access to this recommendation.

Signature of Applicant __________________________ Date ______________

************

TO THE PERSON MAKING THIS RECOMMENDATION:
The applicant has given your name as a reference. The university would appreciate your cooperation in promptly providing feedback regarding the applicant’s aptitude for graduate study.
1. How long have you known the applicant? __________________

2. During this time, the applicant was a/an:
   □ undergraduate student □ advisee of mine
   □ graduate student □ supervised by me at work
   □ departmental assistant □ other __________________________

3. Do you think the applicant is sufficiently prepared to undertake (or continue) graduate work?
4. Based on the students you have known in the same field and with the same experience and training, how do you rate the applicant?

☐ Best in my experience  ☐ Highest 5%  ☐ Next highest 5%  ☐ Above average (15-25%)  ☐ Average (upper 50%)

☐ Below average (lower 50%)

5. Please rate the applicant on the following characteristics (1: Weak, 9: Extremely strong):

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>Not able to evaluate</th>
</tr>
</thead>
<tbody>
<tr>
<td>research aptitude</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>originality</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>acceptance of responsibility</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>emotional maturity</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>ability to work independently</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>writing skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>speaking skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>technical/computer skills</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
<td></td>
</tr>
</tbody>
</table>

6. Please use this space to discuss the applicant’s strengths and weaknesses, creative promise, leadership ability, maturity, character and intellectual capacity. Please attach additional pages if necessary.

Name (please print or type) ___________________________________________ Title _____________________________________________

Institution/Organization/Business______________________________________________

Address________________________________________ Phone number________________________________________

Email: ______________________________________________________________________

Signature __________________________________________ Date ______________________________________________________________________

Please sign this form, seal it in an envelope, sign your name over the flap, and return to the applicant to be included in the application packet. If you prefer, your recommendation can also be sent directly to the DSU Office of Graduate Studies and Research, Kennedy Center 113C, 820 N Washington Ave, Madison, SD 57042.

If you have any questions, please contact the Office of Graduate Studies and Research at (605) 256-5799 or email us at gradoffice@dsu.edu.

5/23/2016
REQUIRED IMMUNIZATION FORM
(Not required of on-line/distance students.)

IMMUNIZATION REQUIREMENTS FOR REGISTRATION
Due to regulations mandated by the Board of Regents, all students, who reside on campus or receive instruction on campus, must document their immune status for measles, mumps, and rubella. "Proof of two doses of measles, mumps, and rubella vaccine, or of separate vaccinations against all three diseases, or of the presence of immune antibody titers against measles, mumps, and rubella shall be required." Students who fail to provide the required, signed proof of immunizations shall not be permitted to register for or to attend classes at any state institution until they are in compliance. Students born before January 1957 are exempt from providing immunization documentation.

Name_________________________________________ BirthDate___/___/______
   Last                                      First             Middle
   Soc. Sec. #______/______/_______ Phone (___)_________________ Cell (___)_________________

Address___________________________________________________________________________
   Address                          City                           State                           Zip Code

REQUIRED IMMUNIZATIONS — Must be filled out and signed (below) by a Health Care Provider.

<table>
<thead>
<tr>
<th>Date of 1st Measles, Mumps, Rubella Immunization</th>
<th>Date of 2nd Measles, Mumps, Rubella Immunization</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Must be given after age 12 months)</td>
<td>(Must be given at least 30 days after 1st MMR)</td>
</tr>
<tr>
<td>1st MMR______/<strong><strong><strong>/</strong></strong></strong>___</td>
<td>2nd MMR______/<strong><strong><strong>/</strong></strong></strong>___</td>
</tr>
</tbody>
</table>

OR Separate Immunizations:

#1 Rubella______/______/_________                  AND #2 Rubella______/______/_________
#1 Rubeola______/______/_________                  AND #2 Rubeola______/______/_________
#1 Mumps______/______/_________                    AND #2 Mumps______/______/_________

OR Titers:

Rubella Titer Date______/______/_________          POSITIVE Result_________ Attach copy of Lab result
Rubeola Titer Date______/______/_________           POSITIVE Result_________ Attach copy of Lab result
Mumps Titer Date______/______/_________             POSITIVE Result_________ Attach copy of Lab result

Signature_______________________________________ Date_______________________
   (Must be signed by a Nurse, P.A., or a Physician)

Address___________________________________________________________________________
   Address                          City                           State                           Zip Code

5/23/2016
MEDICAL EXEMPTION TO IMMUNIZATION REQUIREMENT

I certify that it would be harmful to this student’s physical health to be immunized against measles, mumps, and rubella.

Reason for Exemption:______________________________________________________________

Check one: ___________ Permanent Exemption

___________ Temporary Exemption – Date to be released: ___________________________ Month Day Year

Physician’s Signature: ___________________________ Date: ___________________________

(Must be signed by a Physician)

RECOMMENDED IMMUNIZATIONS (Not required for registration)

Name: __________________________________________________________

Last First Middle

Tetanus-Diphtheria (Td) booster _______/_______/_______ or Tdap _______/_______/_______

Hepatitis B #1 _______/_______/_______ #2 _______/_______/_______ #3 _______/_______/_______

Meningitis _______/_______/_______

Varicella (Chicken Pox) Vaccine #1 _______/_______/_______ #2 _______/_______/_______ OR

Chicken Pox Disease (date) _______/_______/_______

Tuberculosis – PPD (Mantoux) within the last year _______/_______/_______ Results: _______