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**.
6. **Assistantship Form:** Applicants who are requesting a graduate assistantship must complete and submit the assistantship form, including the skills and abilities matrix form for specific programs. If you are applying for an assistantship, you must take the GRE.
Application materials can be sent to the DSU, Office of Graduate Studies & Research, Kennedy Center 113C, 820 N. Washington Ave., Madison, SD 57042. Before an application can be processed all items listed in the application checklist (page 3 of this form) must be on file.

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 Cyber Security  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>
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</table>

<table>
<thead>
<tr>
<th>Undergraduate Major</th>
<th>Undergraduate Minor</th>
<th>GPA or equivalent (class, division or %)</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td>(Do not convert % to GPA)</td>
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</tbody>
</table>

**Master’s degree:**

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

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<th>POSITION</th>
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</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 MSET Applicants
(This page and required additional pages must be included with your application.)

I. **CERTIFICATIONS:**
Please list any current certifications (or licenses) you hold.

Teaching Certification ____________________________________________________________
Date received __________ Expiration date ____________

Other __________________________________________________________
Date received __________ Expiration date ____________

II. **DEMONSTRATION OF BASIC KNOWLEDGE OF COMPUTERS AND THEIR APPLICATIONS FOR EDUCATIONAL PURPOSES (please mark where appropriate)**
Technology endorsement from an accredited college or university
In-service position as full or part-time technology coordinator in a public school

III. **PERSONAL/PROFESSIONAL STATEMENT OF EDUCATIONAL GOALS:**
Please attach a personal/professional statement describing your educational and personal goals in applying to the MSET program. This can include what you hope to achieve in the program, your educational objectives, skills and experiences using educational/instructional technology in the classroom, and your long – range career objectives as they relate to technology application for learning, training and instruction. The essay should be 250 to 400 words and should not exceed two pages.

**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 part 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 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 Cyber Security

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 _____________________________
☐ assistant of mine

3. Do you think the applicant is sufficiently prepared to undertake (or continue) graduate work?
☐ Yes ☐ No ☐ Uncertain
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>
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<tbody>
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<td>ability to work independently</td>
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<td>speaking skills</td>
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<td>technical/computer skills</td>
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</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________________________________________________________ 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.
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__________________________________________City ____________________________State ____________ Zip Code

REQU  IRED 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_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>AND 2nd MMR_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
</tr>
</tbody>
</table>

OR Separate Immunizations:

<table>
<thead>
<tr>
<th>#1 Rubella_____/<em><strong><strong><strong>/</strong></strong></strong></em></th>
<th>AND</th>
<th>#2 Rubella_____/<em><strong><strong><strong>/</strong></strong></strong></em></th>
</tr>
</thead>
<tbody>
<tr>
<td>#1 Rubeola_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>AND</td>
<td>#2 Rubeola_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
</tr>
<tr>
<td>#1 Mumps_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>AND</td>
<td>#2 Mumps_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
</tr>
</tbody>
</table>

OR Titers:

<table>
<thead>
<tr>
<th>Rubella Titer Date_____/<em><strong><strong><strong>/</strong></strong></strong></em></th>
<th>POSITIVE Result_______ Attach copy of Lab result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rubeola Titer Date_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>POSITIVE Result_______ Attach copy of Lab result</td>
</tr>
<tr>
<td>Mumps Titer Date_____/<em><strong><strong><strong>/</strong></strong></strong></em></td>
<td>POSITIVE Result_______ Attach copy of Lab result</td>
</tr>
</tbody>
</table>

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

Address__________________________________________City ____________________________State ____________ Zip Code
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: ____________________________

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: _________
APPLICATION FOR ASSISTANTSHIP

NAME: __________________________________________________________

Last Name                        First Name                        Middle Name                        Suffix (Jr., Sr., III, etc.)

Social Security Number __________-____-________
(Optional – may be used to help with identification)

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? ____________________________

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, passport, and letter of approval from employer.)

What is your native language? ____________________________ How many years have you spoken or studied English? ____________________________

ACADEMIC HISTORY

Baccalaureate degree:

Institution                        Location                        Dates attended                        Degree Earned                        Date Earned

Undergraduate Major ________________ Undergraduate Minor ________________ GPA or equivalent (class, division) ________________

Master’s degree:

Institution                        Location                        Dates attended                        Degree Earned                        Date Earned

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.

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REQUIRED STANDARDIZED TESTS: 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 _______

**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.

__________________________________________________________________________________________________
__________________________________________________________________________________________________
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REFERENCES
Please list the three persons who are familiar with your educational or professional work and who have agreed to serve as references (please forward a recommendation 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.

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</table>

Are you currently employed in the United States? □ Yes □ No

Name of employer? _____________________________ Number of hours per week? __________

PLEASE ATTACH A RESUME.

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 assistantship committee.

Signature ___________________________ Date _____________________