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

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_____ SP 20____
- □ Doctor of Science (D.Sc.) in Cyber Security Term of Entry: FA 20_____ SP 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>(Do not convert % to GPA)</td>
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</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</th>
<th>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>
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<td>Month/Year to Month/Year</td>
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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.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<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 MSHI Applicants
(This page and required additional pages must be included with your application.)

I. **CERTIFICATIONS:**
Please list any current certifications (or licenses) you hold and provide relevant dates (received/expired). Include copies of the certificates in your application.

1. ______________________________________________________________________
2. ______________________________________________________________________
3. ______________________________________________________________________

Briefly tell us why you think these are relevant to the program (if you do not provide this information, we will not review the certification documents in the application package).

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

II. **GOALS STATEMENT:**
On a separate sheet of paper type or word-process an essay describing your professional plans and career objectives. Include personal qualities, educational background, and any experiences that have influenced your career choice. Tell us why you have chosen this degree and this program. The essay should be 350 to 500 words.

III. **REQUIRED KNOWLEDGE AREAS:**
On a separate sheet of paper, please provide a self-evaluation, indicating the courses or experiences you have had that demonstrate your background in information systems and healthcare to provide a foundation for graduate courses in the healthcare informatics field.

**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 __________________________
MSHI KNOWLEDGE REQUIREMENTS CHECKSHEET

The information requested here will be used only to help determine which knowledge requirement courses you will be required to take upon admission.

**This information will in no way affect your admission to the MSHI program.**

Please complete the following computer experience checklist.

<table>
<thead>
<tr>
<th>KNOWLEDGE REQUIREMENTS</th>
<th>PROFICIENCY (From 0-5 with 0 = no experience &amp; 5 = expert)</th>
<th>EXPLANATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programming Skills (list specific languages)</td>
<td></td>
<td>Include experience, training or certification, and/or post-secondary coursework. Provide the date for any training/certification.</td>
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<tr>
<td>Hardware</td>
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<td>PC Hardware Architectures</td>
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<td>Hardware Interfaces</td>
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<tr>
<td>PC Hardware Installation</td>
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<tr>
<td>Operating Systems (list)</td>
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<td>Software</td>
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<td>Spreadsheets</td>
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<td>Communication Software (e.g., Internet, email, instant messaging)</td>
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<td>Management (related to IS/IT)</td>
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<tr>
<td>Knowledge of Financial Management</td>
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<tr>
<td>KNOWLEDGE REQUIREMENTS</td>
<td>PROFICIENCY</td>
<td>EXPLANATION</td>
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<tr>
<td>Healthcare delivery systems settings</td>
<td></td>
<td>Include experience, training or certification, and/or post-secondary coursework. Provide the date for any training/certification.</td>
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<tr>
<td>Healthcare delivery system accreditation</td>
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<td>Healthcare delivery system reimbursement methodologies</td>
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<tr>
<td>Health information documentation content and standards</td>
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<td>Quality and management of health IT</td>
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<tr>
<td>Legal aspects of health information/informatics (ethics, privacy, security, regulations, laws)</td>
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<tr>
<td>Electronic medical record software</td>
<td></td>
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<tr>
<td>Electronic health record systems and health information exchange</td>
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</tbody>
</table>
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___________________________________________________________________________________________________________________
(_____)____________________ (______)_____________       _____________________________________________
Address Number and Street City State Zip code
Local Telephone Number           Work Telephone

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
Explain:______________________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________________________

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>
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<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>
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<td>ability to work independently</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: ____________________________________________________________________________

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.