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.

5. Standardized Graduate Admission Test Scores: Applicants are required to take the GRE General test (See specific programs for waiver criteria). International students must also take the TOEFL. Applicants should have the official test scores sent directly to the Office of Graduate Studies and Research. The DSU code number for both tests: 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.

Additional materials that International Students must complete:

1. Transcripts: English translation of transcripts, with a grade point average or overall percentage calculated and provided, either on the transcript or in a notarized document. The credential must have an authorized signature clearly showing the date of entry in the program and date of graduation. Under unusual circumstances, notarized or certified copies may be submitted for evaluation at the time of application and will be accepted as official transcripts.

2. If you have an H1-B visa: please include a copy of your visa and passport.

3. Proficiency in English: to meet this requirement, the applicant must submit an official Test of English as a Foreign Language (TOEFL) score or proof of an undergraduate or graduate degree from an accredited university in the United States within the past two years. A score of 550 on the paper-based test, 79 on the Internet-based test, and 213 on the computer-based test is required.

4. Finances: Submit official documentation showing that you have access to sufficient funds to cover all the necessary living and tuition expenses for the duration of the program study. Along with the DSU Declaration and Certification of Finances form, submit official bank statements, notarized support letters, or some other official affidavit of support.

5. Application fee: $35 Note: International students also pay a one-time International student fee their first semester at DSU, in addition to tuition and fees.
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______

☐ 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>
</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>
<td></td>
</tr>
</tbody>
</table>

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.

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.

| Name of Institution | Location or Branch | Dates Attended From | Dates Attended To | Degree, Certificates, credits earned | Date Earned or Expected | Major Field |

ASSISTANSHIP

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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</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>
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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 MSIA Applicants
(This page and required additional pages must be included with your application and clearly labeled.)

I. Statement Of Purpose:
On a separate sheet, please state your purpose in pursuing the MSIA degree at Dakota State University, describing your professional plans and career objectives. Include personal qualities, educational background, and experiences that have influenced your career choice. Tell us why you have chosen this degree and this program. The essay should be no more than one page and be typed or word processed.

II. Required Essay:
On a separate sheet of paper, please respond to the following scenario. Your essay should be no longer than two pages (typed or word processed, single space, easy to read font). Correctly cite any references used in the document.

You are a senior network administrator at a small pharmaceutical company, ABC. Late one night you receive a call at home from the chief security officer, Mark Jones, at XYZ. XYZ is an important external partner, with whom ABC frequently collaborates. You know Mr. Jones.

Mr. Jones is requesting access to a secure ABC server that contains certain documents XYZ needs to use to prepare a proposal for a contract that could be worth several million dollars to both companies. ABC is having financial problems at this time. The contract would improve ABC’s quarterly financial report. Describe how you would respond to Mr. Jones.

III. Required Computer Science Courses/knowledge areas:
Following are the computer science courses/knowledge that incoming students must meet. On a separate sheet of paper, please provide a self-evaluation, indicating the courses or experiences you have had that meet these requirements:
- Two course programming sequence
- A data structures course and
- A course or courses that include computer hardware, data communications, and networking.

CERTIFICATION AND SIGNATURE

Have you ever been convicted of a criminal offense other than a minor traffic violation? □ Yes □ No
Are there criminal charges (other than minor traffic violations) pending against you at this time? □ Yes □ No
Have you ever been suspended or dismissed for academic or disciplinary reasons from any school? □ Yes □ No

If you answered yes to any of the above questions, please attach an explanation.

Do we have your permission to contact previous schools concerning disciplinary actions and related conduct? □ Yes □ No

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.

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)

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<th>Characteristic</th>
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<td>technical/computer skills</td>
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Not able to evaluate

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.
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__________________________________________

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

Date of 1st Measles, Mumps, Rubella Immunization (Must be given after age 12 months) Date of 2nd Measles, Mumps, Rubella Immunization (Must be given at least 30 days after 1st MMR)
1st MMR_______/_______/_______ AND 2nd MMR_______/_______/_______

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
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: ________
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:

<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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</thead>
<tbody>
<tr>
<td>Undergraduate Major</td>
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Master’s degree:

<table>
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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. You may attach additional pages if necessary.

<table>
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<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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</table>
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.
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

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? ____________
If you are seeking an assistantship for the MSIS, MSA, MSIA, or the D.Sc. program you must also complete the following skills matrix:

<table>
<thead>
<tr>
<th>SKILLS, EXPERIENCES, ABILITIES</th>
<th>RESPONSE</th>
<th>COMMENT OR EXPLANATION</th>
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</thead>
<tbody>
<tr>
<td><strong>WRITING SKILLS:</strong></td>
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<tr>
<td>Proficiency (1-5 with 1 = low-and 5 = high)</td>
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<td>* If 4 or 5, attach a one-page sample</td>
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<tr>
<td>Published?</td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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<td>If yes, list publications here</td>
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<tr>
<td><strong>RESEARCH INTERESTS</strong></td>
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<td>List interests here</td>
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<tr>
<td><strong>RESEARCH EXPERIENCE</strong></td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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<tr>
<td>Were you a Principal Investigator or Co-PI?</td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
</tr>
<tr>
<td>Have you published?</td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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<tr>
<td>If yes, list publications here</td>
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<tr>
<td><strong>LIBRARY RESEARCH EXPERIENCE</strong></td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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<td>If yes, list Tools/Indices used here</td>
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<tr>
<td><strong>LAB RESEARCH / EXPERIENCE</strong></td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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<tr>
<td>What kinds of labs?</td>
<td>List here</td>
<td>→</td>
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<td>Equipment used:</td>
<td>List here</td>
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<tr>
<td><strong>TEACHING EXPERIENCE</strong></td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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<tr>
<td>Level (e.g., K-12, undergraduate, graduate students)</td>
<td>List here</td>
<td>→</td>
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<tr>
<td>Subject(s)</td>
<td>List here</td>
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<tr>
<td>Number of Years</td>
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<td>Number of students per class</td>
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<td><strong>SUPERVISORY EXPERIENCE</strong></td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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<td>Your Title</td>
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<td>Number of people supervised?</td>
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<td>Was this a paid position?</td>
<td>YES</td>
<td>NO (CIRCLE ONE)</td>
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Please complete the following computer experience checklist, describing your software and hardware experience:

<table>
<thead>
<tr>
<th>APPLICATION SOFTWARE AND HARDWARE EXPERIENCE</th>
<th>PROFICIENCY (From 0-5 with 0 = no experience &amp; 5 = expert)</th>
<th>EXPLANATION</th>
<th>Include specific software packages where applicable. Provide a resume for experience. List any training or certifications.</th>
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<tbody>
<tr>
<td>MODELING TOOLS</td>
<td>List below:</td>
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<td>PERSONAL PRODUCTIVITY SOFTWARE</td>
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<td>STATISTICAL PACKAGES</td>
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<td>Search</td>
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<td>Interpret Results of a search</td>
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<td>Web Page Design</td>
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<td>What tools?</td>
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<td>HARDWARE</td>
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<td>Concepts of OS – Hardware Interfaces</td>
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<td>PC Hardware Installation</td>
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<td>OPERATING SYSTEMS</td>
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<td>PLATFORMS</td>
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<tr>
<td>OTHER SOFTWARE SYSTEMS</td>
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</table>

**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 ________________