A Member of The Texas State University System
An Equal Opportunity /Affirmative Action Institution

GRADUATE STUDIES

APPLICATION FOR ADMISSION

INSTRUCTIONS: Please print or type the information requested on this form and return it to Dean of Graduate Studies, Box 2478, Sam Houston State University, Huntsville, Texas 77341-2478. Telephone: (936) 294-1971; FAX: (936) 294-1271; e-mail: graduate@shsu.edu

A $20 non-refundable one-time application fee must accompany the application form. Checks drawn on U.S. banks or U.S. money orders must be payable to Sam Houston State University. The amount of the application fee is subject to change.
DO NOT SEND CASH.

Deadlines: Fall - August 1, Spring - December 1, Summer I - May 15, Summer II - June 15.
Some programs have earlier deadlines. Please refer to the section of the Graduate Catalog for application deadline information in the specific programs.

APPLICATIONS ARE CONSIDERED INCOMPLETE UNTIL THE APPLICATION FEE AND ALL REQUIRED DOCUMENTS INCLUDING OFFICIAL TRANSCRIPTS ARE RECEIVED.

Social Security Number
_____|_____|_____

I am applying for admission to enroll (select one):
☑ Fall Semester 2008 (year) ☐ Summer Semester I ____(year)
☐ Spring Semester ____(year) ☐ Summer Semester II ____(year)

Name
_____| _____| _____
Last (Family Name) First Name Middle or Maiden Name

Permanent or Home Address
_____| _____| _____| _____ (_____)_____
Street, P.O. Box, Apt. No. City State Zip Code Phone

E-Mail address, if available _____

The following information is required solely for statistical purposes.
Sex: ☐ Male ☐ Female Veteran: ☐ YES ☐ NO

Place of Birth:_____|_____|_____ Date of Birth: _____|_____|_____|_____
City State Country Month Day Year Present Age

Ethnic Origin: ☐ 1 White Non-Hispanic ☐ 3 American Indian/Alaskan Native ☐ 5 Asian/Pacific Islander
☐ 2 Black Non-Hispanic ☐ 4 Hispanic

Have you taken the admission test required by your major department/college? ☐ YES ☐ NO ☑ N/A

If YES, complete the following: GRE (V=____) (Q=____) (A=____) Date_____
GMAT score_____ date_____ MAT score _____ date_____

If foreign applicant, have you taken the TOEFL? ☐ YES ☐ NO If YES, score_____ date_____

Do you plan to complete a graduate degree at Sam Houston State University? ☐ YES ☐ NO
Are you seeking certification only? ☐ YES ☐ NO
Will you be a non-degree seeking student? ☐ YES ☐ NO
Proposed graduate degree: ☐ M.A ☐ M.B.A. ☐ M.Ed ☐ M.F.A ☐ M.L.S. ☐ Ed.D.
☐ M.P.A. ☐ M.M. ☐ M.S. ☑ E.M.B.A ☐ Ph.D.
Proposed area of study _____

OVER

List below all colleges or universities in which you have been officially registered. Official transcripts from each school listed will be submitted to the Sam Houston State University. Failure to list all colleges attended may be considered an intentional omission and may result in your forced withdrawal from the University.

University	Dates Attended	Hours	Degree

Are you currently enrolled in a college or university? ☐ YES ☐ NO If YES, where? _____
Are you a former student of SHSU? ☐ YES ☐ NO Last semester enrolled_____Year_____
Are you a transfer student this semester from another college? ☐ YES ☐ NO
Are you a summer transient student? ☐ YES ☐ NO
Are you presently on suspension from another college /university? ☐ YES ☐ NO
If YES, please specify: ☐ academic suspension ☐ disciplinary suspension
If YES, when are you eligible to return to the last college attended? Semester _____Year_____
Have you ever been convicted of a felony? ☐ YES ☐ NO

1. **Are you a natural-born U.S. citizen?** ☐ YES ☐ NO
   If NO:
   a. Do you hold Permanent Residence status for the U.S.? ☐ YES ☐ NO
      If YES, date permanent resident card issued: _____Card#_____
   b. Are you a naturalized citizen of the U.S.? ☐ YES ☐ NO
      If YES, please provide your naturalization number from the top right-hand corner of your certificate._____
2. **Are you a Texas Resident?** ☐ YES ☐ NO
   If YES, please answer the following questions:
   a. Upon whom are you basing your claim for residency? ☐ Self ☐ Parent ☐ Legal Guardian
      If Legal Guardian, a copy of guardianship papers must be provided.
   b. If claim for residency is based upon self, answer the following questions:
      (1) How long have you resided in Texas?_____ Years and _____ Months
      (2) Previous state or country of residence:_____
      (3) If you came here within the past 5 years, why did you move to Texas?
      ☐ Education ☐ Employment ☐ Other: _____
   c. If claim for residency is based upon parent or legal guardian, please answer the following questions:
      (1) Name of person upon whom claim is based: _____
      (2) How long has this person resided in Texas? _____ Years and _____ Months
      (3) Previous state or country of residence: _____
      (4) If this person came here within the past 5 years, why did this person move to Texas?
      ☐ Education ☐ Employment ☐ Other: _____
      (5) Is this person a U.S. citizen? ☐ YES ☐ NO
      (6) Has parent or legal guardian claimed you as a dependent for U.S. federal income tax purposes for the tax year preceding your registration? ☐ YES ☐ NO
      (7) Will this person claim you as a dependent for the current tax year? ☐ YES ☐ NO

By state law, the applicant has the responsibility of registering under the proper residence classification. The applicant has the right to question this residency determination by contacting the Residence Classification Officer in the Office of Undergraduate Admissions prior to registration.

CITIZENSHIP _____ _____ _____ _____
Country State County City

I understand that information submitted herein will be relied upon by college /university officials to determine my status for admission and residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institution of any changes in the information provided. I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer of acceptance, cancellation of enrollment, or appropriate disciplinary action.

_____ _____
Signature Date

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