

ALCORN STATE UNIVERSITY
Alcorn State, Mississippi 39096
APPLICATION FOR GRADUATE ADMISSION

APPLICANTS FOR ADMISSION TO THE SCHOOL OF GRADUATE STUDIES AT ALCORN STATE UNIVERSITY SHOULD FURNISH THE FOLLOWING MATERIALS:

*** Graduate Nursing applicants only mail this form to:**

ASU School of Nursing
Enrollment Coordinator
P. O. Box 18399
Natchez, MS 39122

1. A complete application for admission to the School of Graduate Studies
2. An official transcript of all academic work on the collegiate level
3. The results of the Graduate Record Examination (GRE) or the Graduate Management Admissions Test (GMAT).
4. Two letters of recommendation.
5. Applicants to the Department of Graduate Nursing must submit evidence of licensure in the U. S. eligibility for licensure in Mississippi, evidence of malpractice or liability insurance with current identification number; a Bachelor of Science Degree in Nursing from an accredited nursing program and a personal statement of professional goals of no more than 500 words.
6. For international students the results of the Test of English as a Foreign Language (TOEFL).
7. An application fee of ten dollars (\$10.00) for non-resident of Mississippi (money order made payable to Alcorn State University) must accompany the application.
PLEASE DO NOT SEND CASH
PLEASE TYPE OR PRINT CLEARLY USING DARK INK.

New Admission **Readmission**

Term you wish to enter (check one only)

Summer I 20__ Summer II 20__
 Fall 20__ Spring 20__

Admission Deadlines:

Fall – July 15 Spring- November 25
Summer I – April 25 Summer II – May 25

Email Address: _____

1. Mr. Mrs. Miss _____
Last First Middle (Other last name that may appear on previous academic transcripts)

2. Social Security No _____ 3. Sex: M F 4. Marital Status: Single Married Divorced

5. Ethnic Background: Black White Hispanic American Indian Asian Other _____

6. Country of citizenship _____ 7. Type of Visa (if not a US citizen) _____

8. Is English your first language? Yes No.

9. State of Residence _____ 10. County of Residence _____

11. If Mississippi resident, length of current continuous residence _____

12. Permanent Address _____
Box, Rte., or Street City State Zip County Telephone

13. Present Address _____
Box, Rte., or Street City State Zip County Telephone

Printable Application

14. Place of Birth _____ 15. Date of Birth _____
City County State Month Day Year

16. In case of emergency notify: _____
Name Relationship

Address City State Zip Telephone (Home) Telephone (Office)

17. List all colleges and universities attended and degrees or certificate received:

| INSTITUTION | DEGREE | MAJOR | DATE |
|-------------|--------|-------|------|
| | | | |
| | | | |

18. Undergraduate Major: _____

19. Teacher Certification Held _____
Type of Certificate Area of Certification State

20. RN Licensure (Nursing Major Only) _____ 21. Malpractice Insurance Held: _____

22. Employee History

Current Employer _____ From _____ To _____

Previous Employer _____ From _____ To _____

23. Do you plan to earn a degree at Alcorn? Yes No If no, what is your objective?

24. If yes to the above question, what area do you plan to major in as a graduate student?

(a) Master of Science in Elementary Education - Elementary Education Early Childhood Education Reading

(b) Master of Science in Secondary Education - Agriculture Biology Chemistry English

General Science Guidance Education Health and Physical Education

Technology Education Mathematics Social Science Special Education Nutrition Education

(c) Master of Arts in Teaching - Elementary Education Secondary Education

(d) Master of Arts in Agriculture - Agronomy Animal Science Agriculture Economics

(e) Master of Science in - Biology Computer and Information Science Workforce Educational Leadership

(f) Master of Business Administration - (g) Specialist in Elementary Education

(h) Master of Science in Nursing - Family Nurse Practitioner Nurse Education

Printable Application

25. Do you plan to attend: Full Time? Part Time? 26. Dormitory student? Yes No

27. Have you served in the United States Armed Forces? Yes No If yes, Branch _____

Date enlisted _____ Date Discharged _____ Selective Service No. _____

28. Ask two persons who know you and your academic qualifications to write letters of recommendation on your behalf or to complete the enclosed recommendation sheets. Please list their names, addresses and positions below.

* For MBA Program and Graduate Nursing Programs, letters of recommendation only.

29. Are you interested in applying for an assistantship? Yes No (Only full time students are eligible)

I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE COMPLETE AND TRUE.

Signature _____ Date _____