School of Graduate Studies
1000 ASU Drive #689
Walter Washington Administration Bldg Suite 519
Alcorn State, MS 39096
(601) 877-6122 Fax: (601) 877-6995
Email: graduatestudies@alcorn.edu

FIRST TIME ENROLLEE APPLICATION FOR ADMISSION

Applicants for admission to the School of Graduate Studies pursuing a degree at the graduate level from Alcorn State University must submit the following:

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), the Graduate Management Admission Test (GMAT), or a passing score on Praxis I and II.
4) Two letters (Recommendation Letter forms) of recommendation.
5) Applicants to the Department of Graduate Nursing must submit evidence of 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, resume', and a personal statement of professional goals of no more than 500 words.
6) Applied Science and Technology applicants must also submit resume listing prior work experience and a statement of career goals.
7) For International students, the results of the Test of English as a Foreign Language (TOEFL).
8) An application fee of ten dollars ($10.00) for **non-resident of Mississippi** (money order Payable to Alcorn State University) must accompany the application. ***PLEASE DO NOT SEND CASH***.

ADMISSION DEADLINES:
Fall - July 15 Summer I - April 25
Spring - November 25 Summer II - May 25

TERM YOU WISH TO ENTER (Check only one and indicate year)
☐ Fall _____ ☐ Summer I _____
☐ Spring _____ ☐ Summer II _____

PLEASE TYPE

ASU ID	Social Security No.	Email Address *(If you do not have an email address, please subscribe to a free email service.)*

FULL LEGAL NAME: ☐ Mr. ☐ Mrs. ☐ Miss

Last Name_____ First Name_____ Middle/Maiden Name _____

PREVIOUS LAST NAME THAT MAY APPEAR ON ACADEMIC TRANSCRIPTS OR UNDER WHICH YOU REGISTERED.

Last Name_____ Last Name_____

DATE OF BIRTH:
Mo. Day Year

MAILING/PERMANENT ADDRESS:
Number/Street City State/Nation Zip County

RESIDENCY:
☐ Mississippi Resident **(See University Catalog)**
☐ Non-Resident - State of Residence_____

Citizenship Status:
☐ US Citizen ☐ Resident Alien ☐ Permanent Resident
☐ Non-Resident Alien

INTERNATIONAL INFORMATION:
Type of Visa_____ Visa Number_____
Visa Issue Date_____ Visa Expiration Date_____
Citizenship Country_____ Birth Country_____
Is English your first language? ☐ Yes ☐ No (If No, What is your Native Language?)

HOME PHONE	WORK PHONE	CELL PHONE	SKYPE

GENDER
☐ Male
☐ Female

MARITAL STATUS
☐ Single
☐ Married

ETHNIC BACKGROUND
Do you consider yourself Hispanic/Latino?
☐ Yes
☐ No

RACE/ETHNIC GROUP
☐ Black or African American ☐ White ☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

EMERGENCY CONTACT:
Name Relationship Address City State Zip Telephone

List all colleges and universities attended and degrees received:

INSTITUTION	DEGREE	MAJOR	DATE

DESIRED DEGREE / PROGRAM OF STUDY

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

(b) **Master of Science in Secondary Education**
☐ Agricultural ☐ Athletic Administration and Coaching ☐ Biology ☐ Chemistry ☐ English ☐ School Counseling
☐ Health and Physical Education ☐ Mathematics ☐ Science ☐ Social Science ☐ Special Education

(c) **Master of Arts in Teaching**
☐ Elementary Education ☐ Secondary Education

(d) **Master of Science in Agriculture**
☐ Agronomy ☐ Agriculture Economics ☐ Animal Science

(e) **Master of Science in**
☐ Biology ☐ Biotechnology ☐ Computer and Information
☐ Workforce Education Leadership Science

(f) **Master of Science in Applied Science and Technology**
☐ Computer Systems & Networks Technology
☐ Electrical and Electronics Engineering Technology
☐ Technology Management ☐ Geospatial Engineering Technology
☐ Homeland Security Management ☐ Radiological Health Science

(g) **Master of Science in Nursing**
☐ Family Nurse Practitioner ☐ Nurse Educator ☐ Psychiatric Mental Health Nurse Practitioner ☐ Geriatric Nurse Practitioner

(h) **Master of Business Administration** ☐

(i) **Specialist in Elementary Education**
☐ Traditional ☐ Accelerated

ATTENDANCE INFORMATION
Do you plan to earn a degree at Alcorn? ☐ Yes ☐ No If No, what is your objective? _____

Do you plan to attend: ☐ Full-Time ☐ Part-Time

Do you want on-campus housing? ☐ Yes ☐ No

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

EDUCATOR LICENSURE
Do you hold Teacher Certification? ☐ Yes ☐ No
Type of Certificate_____
Area of Concentration_____ State_____

NURSING LICENSURE (Nursing major only)
Licensure Number_____
Expiration Date_____
Malpractice Insurance ☐ Yes ☐ No

MILITARY SERVICE
Have you served in the United States Armed Forces? ☐ Yes ☐ No If yes, Branch_____
Date Enlisted_____ Date Discharged_____ Selective Service No._____

EMPLOYMENT HISTORY
Current Employer From To
_____
_____

REFERENCES
Ask two persons who know you and your academic qualifications to write letters of recommendation on your behalf or to complete the Recommendation Letter Form. Please list their contact information below.
Name Title Address Telephone
_____
_____

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

_____ _____
Signature Date

ALCORN STATE UNIVERSITY complies with all laws regarding affirmative action and equal opportunity in all its activities and programs and does not discriminate against anyone on the basis of age, creed, color, national origin, race, religion, sex, handicap, or military status.