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

READMISSION APPLICATION

Applicants for readmission to the School of Graduate Studies at Alcorn State University must submit the following: 1) Application for Readmission and 2) Graduate Transcript.

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_____

Have you ever attended ASU under a different name? ☐ Yes If Yes, please indicate below. ☐ No

Last Name_____ Last Name_____

DATE OF BIRTH:
Mo. Day Year

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

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

When did you last attend ASU as a graduate student?	What was your Program of Study during your last enrollment?	How many hours did you complete towards the degree?	Did you graduate? ☐ Yes ☐ No

Will you be a candidate for graduation at the end of this semester for which you are now applying? ☐ Yes ☐ No

Are you applying to another degree program for this term? ☐ Yes If Yes, please specify below: ☐ No

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 Science ☐ Workforce Education Leadership

(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

Have you received credit for graduate work at another institution since you were last enrolled at ASU? ☐ Yes ☐ No If yes, complete the following: Name of Institution_____ Enrolled from _____ to _____

If you plan to use these credits at ASU, please have an official transcript from the institution prior to determining readmission status.

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.

Revised May 2012

_____ GPA
(For Office Use Only)