# OFFICE OF GRADUATE STUDIES

# APPLICATION INSERT

# TO APPLICANT:

- 1. Please be advised that in accordance with Title IX of the Education Amendments of 1972, 20 U.S.C §1681 and its implementing regulation at 34 C.F.R. §106.21 (C)(1), the applicant is NOT required to respond to any request on this admissions application which deals with his/her marital status.
- 2. In conformance with Title VI of the Civil Right Act of 1964, 42 U.S.C §200D and its implementing regulation at 34 C.F.R. part 100 3(B)(2), the applicant is NOT required to provide information regarding race or ethnicity, such information is requested only on a voluntary basis and will be used in a non-discriminatory manner, consistent with applicable Civil Rights Laws.
- 3. In conformance with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, and its implementing regulation at 34 C.F.R. §104.42 (B)(4), the applicant is NOT required to respond to any inquiries on this application as to whether he/she has a special disability or need.

# APPLICATION FOR ADMISSION TO A GRADUATE DEGREE PROGRAM

# INSTRUCTIONS

THE GRADUATE SCHOOL SOUTHERN UNIVERSITY AND A & M COLLEGE P. O. BOX 9860 BATON ROUGE, LA 70813

TELEPHONE: (225) 771-5390 TOLL FREE 1(888) 223-1460 FAX: (225) 771-5723

Download applications at http://www.subr.edu/gradschool

Southern University appreciates your interest in our Graduate School. Please read the following instructions carefully and review the current Graduate Catalog before completing the admission application form:

## APPLICATION PROCEDURES

The following materials must be submitted to the Graduate School by the published deadline. All materials, once submitted, become property of the Graduate School and will not be returned.

## 1. APPLICATION FORM:

Please submit a **fully-completed** Application for Admission to the Graduate School .

#### 2. OFFICIAL TRANSCRIPTS of PREVIOUS UNIVERSITY/COLLEGE WORK:

You are required to submit official transcripts from **every** college and university they previously attended (including Southern University). The official transcripts must be sent **directly to The Graduate School by the college/university Registrar's Office.** 

#### 3. OFFICIAL TEST SCORES

Graduate Record Examination (GRE) scores, and any other required test scores, must be sent directly to The Graduate School by the educational testing service that administered the exam.

#### 4. ADMISSION APPLICATION FEES

- 1. Your Application for Admission to the Graduate School must be accompanied by a non-refundable application fee in the form of a money order or cashier's check (drawn on a U.S. Bank) made payable to Southern University. **The Graduate School will not accept personal checks.**
- 2. If your Application for Admission to the Graduate School is postmarked and/or received after the published application deadlines (see below), you must include the indicated, non-refundable, late fee with your application fee. The applicable late fee and the application fee can be combined into a single money order or cashier's check (drawn on a U.S. Bank) made payable to Southern University. **The Graduate School will not accept personal checks.**

#### INTERNATIONAL APPLICANTS - ADDITIONAL INSTRUCTIONS

Applicants outside the United States or applicants who earned their previous college degrees outside the United States must submit all applications by the published deadlines, but no later than 90 days prior to the beginning of the Semester for which admission is sought. This is to allow time for processing the application and preparing documents needed to obtain entry visas and to facilitate travel plans to the United States. International applicants must submit the following additional materials as part of the admission application:

- 1. OFFICIAL TOEFL SCORES- This is required of all applicants who have completed and earned undergraduate degrees outside the United States. (Applicants from English-speaking countries and/or former British Colonies are exempt from this requirement.)
- 2. An AFFIDAVIT OF FINANCIAL SUPPORT (U.S. Department of Justice Form I-134) is required from all international applicants.
- 3. COPY OF VALID VISA AND PASSPORT.

#### **A**PPLICATION **D**EADLINES

SEMESTER/TERM	FEE	DEADLINE	ADDITIONAL / LATE FEE
Fall	\$25.00	April 15	\$10.00
Spring	\$25.00	November 1	\$10.00
Summer	\$25.00	March 30	\$10.00

# REGARDING LATE APPLICATIONS:

The Graduate School will accept late applications on a case by case basis, contingent upon payment of the applicable late fee. While the Graduate School staff and department committees make every effort to process late applications, the Graduate School staff and department committees are **NOT obligated** to process late applications in time for potential students to attend classes during a particular semester or term.

## SOUTHERN UNIVERSITY AND A&M COLLEGE

P. O. Box 9860, Baton Rouge, LA 70813 • Telephone (225) 771-5390 • Toll Free 1-888-223-1460 • FAX (225) 771-5723

## APPLICATION FOR ADMISSION TO A GRADUATE DEGREE PROGRAM

Please read instructions, type or print, and submit this form with all supporting documents and appropriate fees

BIOGRAPHICAL INFORMATION						
Full Name		S	ocial Security N	Number		
Last	First					
Other Names						
	(Maiden Name,	Married Name, etc.) under	which your record	s may be filed		
Current(Present/Local)Address						
Current(1 resent Boear)/1 radiess	S	Street or Box		City		
County/Parish		State	Count	ry Zip Code		
**Please provide an out-of-state	e permanent ad	dress, if you are no				
Permanent(Home Address)						
	S	treet or Box		City		
County/Parish		State	Count	ry Zip Code		
E-Mail Address(es)	Te	lephone Number(s)HOME	:	WORK:		
DEGREES OFFERED						
Please place a check mark next to t	he degree vou wi	sh to pursue.				
Doctor of Philosophy	iie degree you wi	Master of Arts		<b>Master of Science</b>		
Environmental Toxicology		Mental Health Co	unseling	Biology		
Nursing			8	Computer Science		
Public Policy				Criminal Justice		
Science/Mathematics Education				Mathematics/Physics		
Urban Forestry		Social Science		Clinical Rehabilitation Counseling		
Executive PhD in Public Policy		□History		Speech-Language Pathology		
<b>Doctor of Nursing Practice</b>				Urban Forestry		
G		□Sociology	•			
<b>Master of Education</b>		Master of Busine	ss Administra	tion		
Educational Leadership		Master of Science				
-		Master of Engine	ering			
		Master of Public	Administratio	<u>n</u>		
Master of Arts in Teaching		Online Executive	Master of Pul	blic Administration		
This information is voluntary, and v	vill be used in a n	on-discriminatory ma	nner, consisten	t with applicable civil rights laws.		
Date of Birth: MonthDa	teYea	r Se	ex: Male 🗆 F	emale □		
Ethnic Background:						
□African-American (Black)				□Asian American		
☐Other (Please Specify)		☐Hispanic Americ	an	□Native American		
Citizenship: Country of Current Citizen	shin					
Chizenship. Country of Current Chizen	siiip					
Status, If not U.S. Citizen: U.S. Per	manent Resident Alie	en □Alien Registrat	ion Number			
□Non-Resi	dent (International)	□Visa type:	I-94 number	(if known)		
IT IS VERY IMPORTANT THA State of Louisiana Residency:	T ALL STUDEN	NTS COMPLETE T	HE SECTION	BELOW IN ITS ENTIRETY:		
Louisiana Resident? High School Attended: Louisia	$Yes \square N$ $Yes \square N$					
Parish/County	City and State		School	Graduation Date		

<sup>\*\*</sup>If you did not graduate from a LA High School, you must prove LA Residency. Forms can be found at <a href="https://www.subr.edu/gradschool">www.subr.edu/gradschool</a>. You must submit the Residency forms along with all required documents to the Graduate School Office, before residency status can be considered.

Provide employment or activities for the	ne past three calendar	years:			
Name of Employer (If none, state activity	y): Location (City/State):		Dates(Mo/Yr):		
	_		From:	To:	
			From:	To:	
			From:	To:	
ACADEMIC INFORMATION					
Semester you wish to enter: □Fall	□Spring □	Summer	Y	Year:	
Have you previously enrolled in the Grac If yes, date(s)		n University, Baton Rouge?	□Yes	□No	
List in CHRONOLOGICAL order all colsheet).					
Institution	City and State	Dates Attended From	d To	Degree and Major	
		11011			
Type of Entrance Examination: □GRI	E □GMAT Date Taken:	or date to	be taken:		
List three persons who are qualified to ce the enclosed Letters of Recommendation		ic and/or professional abilitie	es and charac	cter and ask them to complet	
1	2	3			
CERTIFICATION (All Applicants)					
I certify that the information that I have so Graduate School does not imply acceptar required to meet other departmental admit Southern University; and that I must fulfil I have read and understand the application in its Catalog.	nce as a candidate for ar ission requirements; tha ill all Graduate requiren	n advanced degree in any par it completion of my graduate ments for certification as a ca	ticular progr program of ndidate for a	am and that I may be study must be in residence a degree. I further certify that	
Signature:		Date:			



# OFFICE OF GRADUATE STUDIES SOUTHERN UNIVERSITY AND A&M COLLEGE BATON ROUGE, LOUISIANA

# STATEMENT OF PURPOSE

On a separate sheet, write a concise statement (limited to one single-spaced page) indicating your purpose and objective in pursuing a graduate degree at Southern University as well as any relevant employment and academic experiences in your chosen field of study. If you are presently in a graduate program at another university, explain why you plan to transfer to Southern University.

Date

Signature

### OFFICE OF GRADUATE STUDIES SOUTHERN UNIVERSITY AND A&M COLLEGE BATON ROUGE, LOUISIANA

## LETTER OF RECOMMENDATION

**APPLICANT:** In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you. If the recommendation will be submitted on a separate sheet, please attach this form.

### REQUEST FOR EVALUATION:

Name of Applicant: Mr. ( ) Mrs. ( ) M	s. ( )						
Full Name:							
Last Banner ID No		First	ite of Birth: N	fonth Day	Middle Year		
Degree you wish to seek:	n.D				1000		
Semester you wish to enter:			Summer terr				
Waiver of Access: (Optional) By affixin Graduate School to maintain it in a conf Signature of Applicant:		n I hereby waive my	right to gain	access to this reco	mmendation and authorize the		
How well do you know the applicant	? How long and in w	hat capacity? (Attach	n a separate sl	neet if necessary).			
2. Give your opinion of the applicant's	qualifications to do g	graduate work in his/	her field. (Att	ach a separate she	et if necessary).		
	Plea	se complete the foll	owing.				
-	Exceptional	Above Average	Average	Below Average	No Basis for Judgment		
Intellectual Ability							
Intercectual 740mity							
Writing Ability							
Speaking Ability							
Knowledge of Proposed Area of Study							
Motivation							
Emotional Stability							
Ability to Work Independently							
Ability to work in a group							
Research Potential							
Teaching Ability							
	Doctoral	Program	Master's P	rogram	Other (Please specify)		
I would strongly recommend for							
I would recommend for							
1 would recommend for							
I would recommend with reservation	s for						
I would not recommend for							
Indicate applicant's promise for success	in a graduate progra	m. () outstanding	( ) above a	verage ( ) aver	age ( ) poor		
SIGNATURE	DAT	ГЕ		]	NSTITUTION		
NAME (please print or type)	TIT	LE			ADDRESS		

## BATON ROUGE, LOUISIANA

## LETTER OF RECOMMENDATION

**APPLICANT:** In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you. If the recommendation will be submitted on a separate sheet, please attach this form.

## REQUEST FOR EVALUATION:

Name of Applicant: Mr. () Mrs. () Ms.	()				
Full Name:					
Last Banner ID No		First Da	te of Birth: M	lonth Da	Middle syYear
Degree you wish to seek:		Master's Ma	ajor you wish	to study:	
Semester you wish to enter:		Spring	Summer terr	n 20	
Waiver of Access: (Optional) By affixing	my signature herei	n I hereby waive my	right to gain	access to this rec	ommendation and authorize the
Graduate School to maintain it in a confide Signature of Applicant:		,	8 8		
How well do you know the applicant? I	How long and in w	hat capacity? (Attach	a separate sh	eet if necessary).	
	-		_		
	1100 1				
2. Give your opinion of the applicant's qu	alifications to do g	graduate work in his/l	her field. (Att	ach a separate sh	eet if necessary).
	Plea	se complete the follo	owing.		
	Exceptional	Above Average	Average	Below Averag	e No Basis for Judgment
Intellectual Ability					
Whiting Ability					
Writing Ability					
Speaking Ability					
Knowledge of Proposed Area of Study					
Motivation					
Emotional Stability					
Ability to Work Independently					
Ability to work in a group					
Research Potential					
Teaching Ability					
Teaching Abinty	Doctoral	Program	Master's P	rogram	Other (Please specify)
I would strongly recommend for					
I would recommend for					
I would recommend with reservations f	Cor				
I would not recommend for					
Indicate applicant's promise for success in	a graduate progra	m. () outstanding	( ) above a	verage ( ) ave	rage ( ) poor
SIGNATURE	DA	ГЕ			INSTITUTION
NAME (please print or type)	TIT	I.F.			ADDRESS

## BATON ROUGE, LOUISIANA

## LETTER OF RECOMMENDATION

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## REQUEST FOR EVALUATION:

Name of Applicant: Mr. ( ) Mr	rs. () Ms. ()					
Full Name:						
Last Banner ID No		_	First Da		onth Da	Middle y Year
Degree you wish to seek:	Ph.D	☐ Master's Major you wish to study:				
Semester you wish to enter:	☐ Fall		Spring		n 20	
Waiver of Access: (Optional) E Graduate School to maintain it Signature of Applicant:	in a confidential	file.				mmendation and authorize the
<ol> <li>How well do you know the a</li> <li>Give your opinion of the app</li> </ol>					·	et if necessary).
		Plea	se complete the foll	owing.		
	E	exceptional	Above Average	Average	Below Averag	e No Basis for Judgment
Intellectual Ability						
Writing Ability						
Speaking Ability						
Knowledge of Proposed Ar Study	ea of					
Motivation						
Emotional Stability						
Ability to Work Independen	ntly					
Ability to work in a group						
Research Potential						
Teaching Ability		Doctoral	Program	Master's F	rooram	Other (Please specify)
		Doctorui	Trogram	museer 51	1 ogrum	other (Fleuse speerly)
I would strongly recommend	d for					
I would recommend for						
I would recommend with re	servations for					
I would not recommend for						
Indicate applicant's promise for	r success in a gra	aduate progra	m. () outstanding	( ) above a	verage ( ) aver	rage ( ) poor
SIGNATURE		DAT	ГЕ			INSTITUTION
NAME (please print or type)		TIT	LE			ADDRESS