

**Graduate Admission Application** Prospective students are encouraged to apply and submit the \$40 application fee online at siue.edu/apply. Paper applications may be mailed to: Southern Illinois University Edwardsville • Office of Graduate Admissions Campus Box 1047 • Edwardsville, IL 62026-1047

For general application questions, please visit **siue.edu/graduate-admissions**. For specific program requirements, visit **siue.edu/academics**.

PLEASE PRINT CLEARLY			SIUE STUDENT ID # (if applicable)				
1.	Legal Name						
	Last	First		Middle	Suffix	Maiden or former last name(s)	
2.	Permanent Home Address Address/Street/Apt #						
	City			Phone: (	)		
	Mobile Phone: ()			 d me important upda	tes via text messag	jing. (Standard message rates apply.)	
3.	Mailing Address – If different fro Address/Street/Apt #						
	City	State	_ ZIP	Phone: (	)		
4.	Legal Sex Female N If you choose not to self-identify yo					e a sex for every student.	
5.	Gender Identity: Agender Transgender Woman		<sup>.</sup> Ма	an Non-Bin	ary Tran	sgender Transgender Mar	
6.	Pronouns: He/Him/His Per/Per/Pers Ve/Ver/Vis	She/Her/Hers Xe/Xem/Zyr	The Ze	ey/Them/Their e/Hir/Hirs I	Ey/Em/Eir Please use my r	Fae/Faer/Faers name only	
7.	Date of Birth (MM/DD/YY)	//					
8.	Personal Email Required: At least one email add	dress must be pro	ovided in o	SIUE Email (if app rder to process t	plicable) this application		
9.	Social Security Number (See Disc	losure)					
orı	Are you a U.S. Citizen? Yes <b>Required: This question must bo</b> Permanent Residents must provid registered alien do not use this appli iterials at intladm@siue.edu or apply	e answered in ord e a copy of their A cation, please cor	der to proc lien Registi itact the Off	ess this applicat ration Card (Greer	<b>ion.</b> n Card) for revie	w. If you are not a U.S. citizen	
	Please answer the following quest leral and state agencies. Your respo Do you consider yourself Hispanic Central American, or other Spanis Yes, I am Hispanic or Latino.	nses to the follown or Latino? Hispan h culture or origin,	ing question ic or Latinc regardless	ns will NOT affect means a person of race.	your admission	decision.	
	In addition, please select one or more of the following racial categories that describe you:						
	American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.						
	Asian A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippine Islands, Thailand and Vietnam.						
	Black or African American A person having origins in any of the black racial groups of Africa.						
	Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.						
	White A person having origins in any of the original peoples of Europe, the Middle East or North Africa.						
12.	Have you ever served or are you of The application fee is automaticall academic credit for military experi	y waived for curre	nt and form	er U.S. military se			

13.	Please check the appropriate category below only if your have previously attended SIUE as a graduate student but have not been
	enrolled for the past three semesters OR are a currently enrolled graduate student seeking a new or second major:

Check the appropriate category. I am applying for:

\_\_\_\_\_ The same graduate program on record for my last term of enrollment at SIUE.

\_\_\_\_\_ A new graduate program and understand that my current graduate program on record will be dropped.

\_\_\_\_\_ A second graduate program and understand that my current graduate program will be retained.

14. Semester for which you are applying: Fall\_\_\_\_\_ Spring\_\_\_\_\_ Summer\_\_\_\_\_ 20\_\_\_\_(yr)

15. List the graduate program to which you are applying (please refer to program list at siue.edu/academics for appropriate information)

Program Name:

15a. Choose the appropriate status / degree level from the following:						
Unclassified	_ Master's _	Specialist	Certificate	Doctoral		

15b. If you are applying as an unclassified, non-degree seeking student, please select your reason for attending classes:

\_\_\_\_ Personal Interest Note: Unclassified students are not eligible to receive financial aid.

\_\_\_\_ Professional Endorsement

- \_\_\_\_ Intent to Seek a Degree
- 16. Academic History: Applicants must complete this section. List all institutions attended for your bacalaureate degree and any post-baccalaureate course work, including SIUE, in chronological order using the complete name of the school. It is extremely important that we have your complete academic history, including the dates of attendance and degree(s) earned or expected. Missing information will delay the review of your application.

## Baccalaureate Degree and Post-Baccalaureate Course Work

Name of School	City, State and County	Start Date - End Date	Name of Degree Earned/Expected

17. Have you been convicted of a felony, pleaded guilty to a felony, or are you currently under an indictment/information for felony charges? Required: This question must be answered in order to process this application.

Yes, I have been convicted of a felony crime \_\_\_\_\_\_ No, I have never been convicted of a felony crime Southern Illinois University Edwardsville is committed to maintaining a safe environment for all members of the University community. The University requires applicants who are under indictment or have been convicted of a crime (other than a routine traffic offense or in a juvenile proceeding) to disclose this information as a mandatory step in the application process. A previous conviction or current indictment does not automatically bar admission to the University, but does require review. Complete information must be sent by Certified Mail at the time of application for admission to: Southern Illinois University Edwardsville; Director of Graduate and International Admissions; Campus Box 1600; Edwardsville, IL 62026-1600. Applicants are responsible for verifying receipt by the University and for maintaining a copy of the receipt certifying submission. Information to be submitted includes: a brief explanation, a location (city, state, country) of the conviction or current indictment, dates and court disposition. This statement also must include a grant of permission to the University for compete access to criminal records, if any. For more information about this requirement, call 618-650-3705.

18. CERTIFICATION: This certification must be signed and dated by the applicant before action can be taken on this admission application I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify that the statements I have made on this application are correct and complete.

Print Name \_\_\_\_

Signature

The student signature must be provided in order to process this application.

SIUE complies with appropriate federal and state legislation and is committed to maintaining student privacy and security. Visit **siue.edu/disclosure** to review the complete disclosure statement.

Date