



University of Southern Indiana

Application for Admission to Graduate Studies

8600 University Boulevard • Evansville, Indiana 47712

We are pleased that you are interested in admission to graduate studies. This packet contains the materials and information you will need to complete your application for admission. Please return the application and all supporting documents to the Office of Graduate Studies, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.

Please read all the information below and then complete the entire application.

COMPLETING APPLICATION

Please type or print with a blue or black ballpoint pen. All items must be completed. If they do not apply, indicate N/A in the appropriate space.

SOCIAL SECURITY NUMBER

Indicate a valid (USA) social security number. If you do not already have a social security number, please make application immediately. Your local post office has the necessary forms.

CITIZENSHIP

If you are not already a citizen of the USA, indicate the country of your citizenship. Indicate type of visa. If you are a permanent resident immigrant in the USA, you **MUST** give your Alien Registration Number. If you do not have an Alien Registration Number, we must consider you as a non-resident.

ETHNIC INFORMATION

The U.S. Department of Education requires all universities to furnish statistical data concerning the ethnicity of applicants for admission. Your optional response will not affect consideration of your application. Please check all categories that apply to your racial/ethnic background.

COLLEGE AND UNIVERSITIES ATTENDED

List in order all colleges and universities you have attended. Please list all undergraduate and all graduate work. **Please contact the registrar of each college or university you have attended and request an OFFICIAL transcript be mailed directly from the school to USI, OFFICE OF GRADUATE STUDIES.**

REQUIRED FEE

Applications must be accompanied by a \$35 non-refundable application fee. Checks or money orders should be made payable to **"UNIVERSITY OF SOUTHERN INDIANA."** Do not send cash. To ensure proper credit for the fee, write or circle the student's name, date of birth, and the words **"graduate application fee"** on your check.

SIGNING THE APPLICATION

Carefully check that you have answered all the items. SIGN the graduate student application and forward it to the Office of Graduate Studies, University of Southern Indiana, 8600 University Boulevard, Evansville, IN 47712-3596.

GRADUATE DEGREE NOW SOUGHT

Please indicate your intended degree program. Programs offered at USI are as follows:

Master of Arts in Communication
Master of Arts in Liberal Studies
Master of Business Administration
Master of Health Administration
Master of Public Administration
Master of Science in Education
 Elementary
 Secondary
 Mathematics Teaching – Secondary*
 Kinesiology, Health & Sport Teaching – Elementary*
 Kinesiology, Health & Sport Teaching – Secondary*
Master of Science in Industrial Management
Master of Science in Nursing
 Acute Care Nurse Practitioner*
 Clinical Nurse Specialist *
 Family Nurse Practitioner*
 Nursing Education*
 Nursing Management and Leadership*
 Family Psychiatric Mental Health*
Master of Science in Occupational Therapy
Master of Social Work
Doctorate of Nursing Practice
 Advanced Practice
 Organization & Systems Leadership

*Also available as post masters certificate programs.

REQUIRED TESTS FOR ADMISSION

Official graduate admissions examination scores are required for some graduate degree programs.

The Graduate Record Examination (GRE) is required for the following programs:

Master of Arts in Communications
Master of Health Administration
Master of Public Administration

The Graduate Management Admission Test (GMAT) or Graduate Record Examination (GRE) is required for the Master of Business Administration program.

It is the policy of the University of Southern Indiana to be in full compliance with all federal and state non-discrimination and Equal Opportunity laws, orders, and regulations relating to race, sex, religion, disability, age, national origin, sexual orientation, or status as a disabled veteran or veteran of the Vietnam era. Questions or concerns should be directed to the Affirmative Action Officer, USI Human Resources Department, University of Southern Indiana, 8600 University Boulevard, Evansville, Indiana 47712.

The Disabled Student Services program is provided to help students overcome or compensate for obstacles related to a physical, emotional, or learning disability. Resources include a reader/taping service, test accommodations, tutors, sign language interpreter services, notetaker supplies, literature, and personal assistance. Program staff works with all offices to ensure reasonable and appropriate accommodations are provided to students with disabilities. A detailed brochure is available from the Counseling Center. Students requesting services must register with the Disabled Student Services program in the Counseling Center at least 60 days prior to date needed.

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PERSONAL INFORMATION

Social Security Number: _____ USI Student ID Number (if applicable): _____

Legal Name: _____
Last First Middle

Previous Names: Maiden: _____ Other: _____

Mailing Address: _____

State/Country: _____ City: _____ Zip Code: _____

Permanent Address: _____

State/Country: _____ City: _____ Zip Code: _____

Home Phone Number: _____ - _____ - _____ Email address: _____

Place of Birth: _____ Date of Birth: _____ / _____ / _____
City/State or Country

Place of Employment: _____ Work Phone: _____

Work Address: _____

Marital Status: Single Married Other Gender: Male Female

Are you a veteran of the US Armed Forces? Yes No

Have you ever been convicted of a felony or crime against another person(s)? Yes No

Are you Hispanic or Latino? No, Not Hispanic or Latino Yes, Hispanic or Latino

Race (Please mark one of the following):

- American Indian or Alaskan Native Other Asian
 Native Hawaiian or Pacific Islander White Black or African American

CITIZENSHIP

Check one: United States Citizen Resident Alien Non-Resident Alien

If not a U.S. citizen, provide the following information:

Country of Citizenship: _____ Birth Country: _____

Specify Visa Type or Alien Registration Number: _____

What is your native language? _____

If English is not your native language, have you taken the TOEFL (Test of English as a Foreign Language) or the IELTS (International English Language Testing system) test? Yes No *If yes, please submit scores to the Office of Graduate Studies.

RESIDENCY

Are you a resident of Indiana? Yes No

If yes, since what date? _____ Indiana County of Residence: _____

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PREVIOUS EDUCATION

List all colleges or universities attended:

School	City/State or Country	Dates of Enrollment	Degree Received

Undergraduate Major(s): _____

Undergraduate Minor(s): _____

*You must have earned a bachelor's degree from a regionally accredited institution to be eligible for graduate study at USI.

PROSPECTIVE EDUCATION

Term: Spring Summer Fall Year: _____

DEGREE SEEKING - Applicant is granted admittance to a specific program with the objective of earning a graduate degree. Check planned area of study below.

NON-DEGREE SEEKING -Admission is valid for one semester or summer term. The director of the planned area of study must approve application. Non-degree seeking students are not eligible for financial aid. Check planned area of study below.

- | | |
|--|---|
| <input type="checkbox"/> MA in Communication | <input type="checkbox"/> Master of Social Work, Advanced (BSW required) |
| <input type="checkbox"/> MA in Liberal Studies | <input type="checkbox"/> Master of Social Work |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Pre-MSW (for MSW prerequisites) |
| <input type="checkbox"/> Pre-MBA (for MBA prerequisites) | <input type="checkbox"/> RN to MS in Nursing |
| <input type="checkbox"/> Master of Health Administration | <input type="checkbox"/> MS in Nursing: Acute Care Nurse Practitioner |
| <input type="checkbox"/> Master of Public Administration | <input type="checkbox"/> MS in Nursing: Clinical Nurse Specialist |
| <input type="checkbox"/> MS in Education: Elementary Education | <input type="checkbox"/> MS in Nursing: Family Nurse Practitioner |
| <input type="checkbox"/> MS in Education: Secondary Education | <input type="checkbox"/> MS in Nursing: Nursing Education |
| <input type="checkbox"/> MS in Education: Mathematics Teaching - Secondary | <input type="checkbox"/> MS in Nursing: Nursing Management and Leadership |
| <input type="checkbox"/> MS in Education: Kinesiology, Health & Sport - Elementary | <input type="checkbox"/> MS in Nursing: Family Psychiatric Mental Health Nurse Practitioner |
| <input type="checkbox"/> MS in Education: Kinesiology, Health & Sport - Secondary | <input type="checkbox"/> Doctorate of Nursing Practice: Advanced Practice |
| <input type="checkbox"/> MS in Industrial Management | <input type="checkbox"/> Doctorate of Nursing Practice: Organization & Systems Leadership |
| <input type="checkbox"/> MS in Occupational Therapy | <input type="checkbox"/> Other: _____ |

CERTIFICATE OR ENDORSEMENT

Applicant must have a graduate degree to be eligible for certificate programs. Please choose a certificate program below.

- | | |
|--|--|
| <input type="checkbox"/> Kinesiology, Health and Sport Specialization - Elementary | <input type="checkbox"/> Acute Care Nurse Practitioner |
| <input type="checkbox"/> Kinesiology, Health and Sport Specialization - Secondary | <input type="checkbox"/> Clinical Nurse Specialist |
| <input type="checkbox"/> School Administration Licensure | <input type="checkbox"/> Family Nurse Practitioner |
| <input type="checkbox"/> School Social Work Specialization | <input type="checkbox"/> Nursing Education |
| <input type="checkbox"/> Mathematics Teaching - Secondary | <input type="checkbox"/> Nursing Management and Leadership |
| | <input type="checkbox"/> Family Psychiatric Mental Health Nurse Practitioner |

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SCHOOL AND EXAMINATION RECORDS

Have you requested all your college transcripts be sent directly to the office of Graduate Studies at USI? Yes No

The **Master of Arts in Communications**, **Master of Public Administration** and the **Master of Health Administration** programs require prospective students to take the Graduate Records Examination (GRE). Have you taken the GRE? Yes No N/A

If yes, date taken: ____/____/____

If no, when are you scheduled to take the GRE? ____/____/____

The **Master of Business Administration** program requires prospective students to take the Graduate Management Admission Test (GMAT) or the Graduate Records Examination (GRE).

Have you taken the GMAT? Yes No N/A

If yes, date taken: ____/____/____

If no, when are you scheduled to take the GMAT? ____/____/____

Have you taken the GRE? Yes No N/A

If yes, date taken: ____/____/____

If no, when are you scheduled to take the GRE? ____/____/____

Do you hold, or are you eligible to hold, a teaching license (even if expired)? Yes No N/A

If you have taken any of the tests listed above, please forward your official scores to the Office of Graduate Studies.

SUPPLEMENTAL INFORMATION FOR INTERNATIONAL STUDENTS

International Students are required to submit additional information to the Office of Graduate Studies. The **Statement of Finance** form indicates amounts and sources of support for the duration of applicant's proposed study. If you are attending another college or university in the United States and are transferring to USI, you will need to submit the **International Student Transfer Form**.

Both of these forms can be found on our webpage: <http://www.usi.edu/gradstud/international.asp>

CERTIFICATION AND AUTHORIZATION

To be complete, this form must be signed below by the applicant and accompanied by the \$35 application fee.

I understand that failure to submit all required materials, withholding information requested on this form, 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 form are correct and complete.

Signature _____ Date: ____/____/____

FOR OFFICE USE ONLY

APPLICATION FEE PAID: YES NO PREVIOUS APPLICANT CHECK NUMBER: _____

NON-DEGREE SEEKING DIRECTOR APPROVAL: _____

DIRECTOR OF GRADUATE STUDIES: _____

PROCESS DATE: _____ SCAN DATE: _____

