



Application for Admission

WP

IF YOU ARE ADMITTED, THIS NAME WILL APPEAR ON ALL PERMANENT RECORDS.

LAST NAME/FAMILY NAME	FIRST OR GIVEN NAME	MIDDLE NAME	FORMER OR OTHER NAMES USED	SOCIAL SECURITY NUMBER *
-----------------------	---------------------	-------------	----------------------------	--------------------------

BIRTH DATE	MONTH	DAY	YEAR	HOME PHONE	BUSINESS OR SCHOOL PHONE
------------	-------	-----	------	------------	--------------------------

PERMANENT ADDRESS	NO/STREET	CITY	STATE	ZIP	COUNTRY
-------------------	-----------	------	-------	-----	---------

PRESENT ADDRESS	NO/STREET	CITY	STATE	ZIP	COUNTRY	(VALID UNTIL MO./DAY/YR.)
-----------------	-----------	------	-------	-----	---------	---------------------------

PERSONAL E-MAIL ADDRESS (IF AVAILABLE)	PERSONAL FAX (IF AVAILABLE)
--	-----------------------------

CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> U.S. PERMANENT RESIDENT (IMMIGRANT VISA) <input type="checkbox"/> NON-IMMIGRANT VISA	NON-U.S. CITIZENS ONLY VISA STATUS:	COUNTRY OF CITIZENSHIP	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
--	-------------------------------------	------------------------	---

GRADUATE DEGREE SOUGHT	GRADUATE MAJOR (PROGRAM) SOUGHT	YEAR ENROLLING	TIME ENROLLING <input type="checkbox"/> SUMMER <input type="checkbox"/> FALL <input type="checkbox"/> SPRING
------------------------	---------------------------------	----------------	---

PLAN TO ATTEND <input type="checkbox"/> CONTINUOUSLY <input type="checkbox"/> SUMMERS ONLY	CHOICE OF CAMPUS <input type="checkbox"/> UNIVERSITY PARK <input type="checkbox"/> OTHER	"OTHER" MEANS ANY LOCATION OTHER THAN UNIVERSITY PARK SUCH AS ERIE, HARRISBURG, HERSHEY, GREAT VALLEY, WORLD CAMPUS, ETC.	LOCATION (IF OTHER)
---	---	---	---------------------

LIST IN CHRONOLOGICAL ORDER ALL COLLEGES AND UNIVERSITIES ATTENDED, TWO OFFICIAL TRANSCRIPTS OF EACH ARE REQUIRED.

NOTE: A Baccalaureate Degree from a Regionally Accredited Institution is Required for Admission.

COLLEGE OR UNIVERSITY	COUNTRY STATE, IF U.S.	FROM MO./YR.	TO MO./YR.	MAJOR	DEGREE	MO./YR. COMPLETED OR EXPECTED	INSTRUCTION IN ENGLISH "X" IF YES

JR./SR. GRADE-POINT AVERAGE (ON A 4.0 SCALE)	TEST INFORMATION							
	GRE	V	Q	A	DATE OR DATE TO BE TAKEN	MAT	SCORE	DATE OR DATE TO BE TAKEN
	GMAT	SCORE	DATE OR DATE TO BE TAKEN	TOEFL	SCORE	DATE OR DATE TO BE TAKEN		

PLEASE INDICATE YOUR PREDOMINANT ETHNIC BACKGROUND.

- 1. AMERICAN INDIAN/ALASKAN NATIVE
- 2. AFRICAN/BLACK AMERICAN
- 3. ASIAN & PACIFIC AMERICAN
- 4. LATINO/HISPANIC AMERICAN
- 5. WHITE AMERICAN
- 6. FOREIGN (NON-IMMIGRANTS)

This information is intended solely for affirmative action purposes and programs, including the Commonwealth of Pennsylvania Plan for Equal Opportunity in the State-Supported Institutions of Higher Education, and for statistical purposes. The information you provide will not be used to deny admission. Provision of this information is voluntary.

LIST PERSONS WRITING LETTERS OF REFERENCE FOR YOU. REFERENCE LETTERS SHOULD BE SENT DIRECTLY TO THE PROGRAM.

NAME	ADDRESS	CITY	STATE	ZIP



Application for Admission

WP

LAST NAME/FAMILY NAME	FIRST OR GIVEN NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER*
-----------------------	---------------------	-------------	-------------------------

IF YOU HAVE WORK IN PROGRESS OR TO BE TAKEN, LIST COURSE NUMBERS WITH BRIEF DESCRIPTIONS AND CREDIT VALUE BY TERMS OR SEMESTERS. USE AN ADDITIONAL SHEET IF YOU NEED MORE SPACE.

HAVE YOU EVER TAKEN POST-BACCALAUREATE COURSES AT PENN STATE? YES NO IF YES, WHEN _____ SEMESTER/TERM & YEAR

U.S. MILITARY EXPERIENCE? YES NO

FROM _____ DATE	TO _____ DATE	BRANCH	DISCHARGE TYPE	DATE
-----------------	---------------	--------	----------------	------

LIST CHRONOLOGICAL RECORD OF WORK EXPERIENCE (INCLUDE PART-TIME).

POSITION	EMPLOYER	DATES
POSITION	EMPLOYER	DATES
POSITION	EMPLOYER	DATES

LIST PREVIOUS AWARDS, PUBLICATIONS, SCHOLARSHIPS, HONORS HELD.

NOTE: Please do not submit information with your application that cannot be used in the admissions decision process, e.g., Individual Education Plans (IEPs), medical records, statements from physicians or psychologists, or legal documents. Such information will be returned to you by your intended program of study.

CRIME STATISTICS: Pennsylvania law requires that crime statistics for Pennsylvania colleges and universities be available to applicants upon request. You may obtain this information for the Penn State campus to which you are applying by writing to University Police, The Pennsylvania State University, 30 Eisenhower Parking Deck, University Park, PA 16802-2116.

This application will be available in alternative media upon request. Penn State is committed to affirmative action, equal opportunity, and the diversity of its workforce.

I hereby affirm that the information provided by me in this application is true and correct, and that there are no omissions or misstatements in my application. I consent to The Pennsylvania State University (the "University") taking one or more of the following actions upon discovery, at any time, of any such omission or misstatement of mine in this application: (1) Voiding of my admission to the University; (2) Voiding of my registration with the University; (3) Voiding of credit(s) for course work completed at the University; and (4) Distribution of information relating to such omissions and/or misstatements to other academic institutions, governmental agencies, and other third parties.

SIGNATURE

DATE

IMPORTANT:

Send one copy of this application to: Graduate Enrollment Services, The Pennsylvania State University, 114 Kern Building, University Park, PA 16802
Send a 2nd copy of this application, along with your supplemental materials, to the program to which you are applying.

* Disclosure of your social security number is voluntary, but providing it helps in matching your records, including your application, test scores, and transcripts. However, your social security number will be required if you file an application for student aid, receive an assistantship, plan to enroll, or are otherwise processed through the University's payroll system.

Application Fee Payment Form

WP

LAST NAME/FAMILY NAME	FIRST OR GIVEN NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER*
-----------------------	---------------------	-------------	-------------------------

PLEASE USE THIS FORM IF YOU ARE PAYING THE \$60.00 FEE BY CHECK OR MONEY ORDER

CHOOSE A PAYMENT OPTION.

- Check here if you are paying by personal check.
- Check here if you are paying by money order.

International money order or check must be drawn on a U.S. bank.
Make checks payable to: The Pennsylvania State University
Canceled check serves as your receipt.

Return the completed and signed Application Fee Payment Form and copy of the Application for Admission to:

Graduate Enrollment Services
The Pennsylvania State University
114 Kern Graduate Building
University Park, PA 16802

If you have any further questions regarding payment information,
e-mail gradfee@psu.edu or call 814.865.1795.
You may check your status on-line at <http://gradsch.psu.edu/portal/>.

IMPORTANT: A second copy of the Application for Admission and other supplemental information must be submitted to the program to which you are applying.

* Disclosure of your social security number is voluntary, but providing it helps in matching your records, including your application, test scores, and transcripts. However, your social security number will be required if you file an application for student aid, receive an assistantship, plan to enroll, or are otherwise processed through the University's payroll system.