



Graduate School

# Graduate School Application

A \$40 application fee is required for processing. Please complete and return this form to: Graduate School, 204 Hardin Administration Building, ACU Box 29140, Abilene, Texas 79699-9140 800-395-4723 • 325-674-2354 • Fax: 325-674-6717 • gradinfo@acu.edu

## PERSONAL INFORMATION

LAST NAME FIRST MIDDLE (MAIDEN) SOCIAL SECURITY NO.

PERMANENT ADDRESS CITY STATE ZIP AREA CODE PHONE NUMBER

PRESENT ADDRESS CITY STATE ZIP AREA CODE PHONE NUMBER

AREA CODE WORK PHONE NUMBER EMAIL ADDRESS

Date of birth MONTH DAY YEAR Place of birth CITY STATE COUNTRY

Sex: Male Female Country of citizenship Church membership

Marital status (check one): Single Married Divorced Widowed Separated

Ethnic origin: Hispanic Black White Asian Native American Other

For military personnel only: Air Force Other Rank Check one: VA TA Self pay

Have you ever been dismissed/placed on probation/suspended for academic or disciplinary reasons? NO YES (Attach explanation) Have you ever been found guilty of criminal offenses other than minor traffic violations? NO YES (Attach explanation)

## PREVIOUS EDUCATION AND PLANS

Which term do you wish to begin your studies at ACU?

Where will you be taking classes? On ACU's main campus Online Off campus: location

Which degree do you wish to obtain? What will your major be?

Are you seeking certification? Yes No If yes, in what area?

List all colleges, universities and professional schools you have attended. Use the back of this sheet if necessary:

| COLLEGE, UNIVERSITY, SCHOOL | DATES ATTENDED | MAJOR | DEGREE EARNED OR EXPECTED |
|-----------------------------|----------------|-------|---------------------------|
|                             |                |       |                           |
|                             |                |       |                           |
|                             |                |       |                           |
|                             |                |       |                           |

I have requested reference letters from the following people:

| NAME | ADDRESS |
|------|---------|
|      |         |
|      |         |
|      |         |

Check the following tests you have taken or plan to take: GRE MAT GMAT TOEFL DATE

Report your scores, if known: MAT GMAT TOEFL GRE: verbal quant. analytic NOTE: Self-reported scores are unofficial. Student must submit official score report.

Do you intend to petition to count graduate work taken at another university toward your degree at ACU?

No Yes If yes, please list on the back of this sheet the course numbers and titles, together with the dates and institutions involved.

Student's signature Date

FOR OFFICE USE ONLY SCH APP GA PD FEE