



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 \_\_\_\_\_ Place of birth \_\_\_\_\_  
MONTH DAY YEAR 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?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>(Attach explanation)</i>
Have you ever been found guilty of criminal offenses other than minor traffic violations?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<i>(Attach explanation)</i>

## 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  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