

Application for Graduate Admission

OREGON STATE UNIVERSITY [®]

Office of Admission
Oregon State University
104 Kerr Administration Building
Corvallis, OR 97331-2106

Office Use Only

Submit original and two copies of this application form along with all required documents to the Office of Admissions. (MAIS applicants must submit one original and four copies of this application form.) Please include \$50 application fee with this form to assure processing of your applications.

1. **Term Applying for:** Summer Fall Winter Spring Year: 20__
Have you ever registered at Oregon State? As Undergraduate Graduate Postbaccalaureate Nondegree
If so, when? _____, 19/20__ to _____, 19/20__

2. **Social Security Number:** Please refer to the Social Security Number Disclosure And Consent Statement on back page of this application.

3. **Legal Name:** Last _____ First _____ Middle _____

4. **Other Name(s)** that may appear on your academic records:
Last _____ First _____ Middle _____

5. **Current Mailing Address:** P.O. Box or Street Address _____
City _____ State _____ Zip _____
County or Province _____ Nation _____
Home Phone (include area code) _____ Work Phone _____
E-mail Address _____

6. **Gender:** Male Female

7. **Date of Birth:** Month _____ Day _____ Year _____

8. **Citizenship, Permanent Residence, Visa Classification:**
Place of Birth: City _____ State _____ Nation _____
Are you a citizen or permanent resident of the United States? Yes No If no, country of citizenship _____
If not a U.S. citizen, attach a copy of both sides of your Resident Alien card here, and list your Immigrant/Permanent Resident Number:
A- _____ If a nonimmigrant, list your type of visa: _____

9. **Contact Information:** In case of emergency, the University may contact:
 Mr. & Mrs.
 Mr. Ms. Last _____ First _____ Middle _____
Permanent Address: P.O. Box or Street Address _____
City _____ State _____ Nation _____ Zip _____
Home Phone (include area code) _____ Work Phone _____

Relationship: Parent/Guardian Spouse Other
10. **Degree Sought:** MS MA MAIS EdM MPH MBA MAgr MEng MF MOcE MAT MSE EdD PhD
 Check if Extended Campus. List Extended Campus Location _____

11. **Academic Major:** All applicants (except MAIS applicants) must complete 11a, 11b, 11c:
11a. Department of Major _____ 11b. Major field _____ 11c. 4-digit major code (from graduate admission folder): _____

Academic Major: (MAIS 4-digit code is 9900): MAIS applicants only, must complete 11d, 11e, 11f:
11d. Primary field _____ 11e. Secondary field _____ 11f. Third field _____

12. Do you wish to be considered for a graduate assistantship? Yes No If yes: Teaching Assistantship? Research Assistantship?

13. **List in Chronological Order All Schools Entered or Attended:**
Include extension or correspondence courses. Use additional paper if necessary.

Name of institution	Location (city and state)	Months and years attended	Degree and year earned
_____	_____	from _____ 19/20__ to _____ 19/20__	_____
_____	_____	from _____ 19/20__ to _____ 19/20__	_____
_____	_____	from _____ 19/20__ to _____ 19/20__	_____

14. **Are you now working on a degree you expect to receive before coming to OSU?** Yes No Degree _____ Date _____

15. **Professional References.** Three letters are required of all students, addressed to the proposed major department. Applicants with a master's degree should include a letter from their major professor. List the names and addresses of your three references below:

16. **OUS Employment:** Are you employed as a faculty member in the Oregon University System? Yes No
 If yes, specify: University _____ Department _____ Rank _____

17. **Results of Graduate Admission Tests:**
 TOEFL (International students only): Total _____ Date _____
 GRE: V _____ Q _____ A _____ Date _____ Subject exam _____ Score _____ Date _____
 Other tests: Test _____ Score _____ Date _____ Test _____ Score _____ Date _____

18. **GPA:** (A=4.00) on last 90 graded quarter (60 semester) credits of first baccalaureate degree (U.S.), or last 2 years of undergraduate courses (International): _____
 GPA on Graduate work: _____

19. **Tuition Classification for Enrollment:** Are you claiming tuition classification as an Oregon resident? Yes No
 If yes, completion of all questions in this section is required. Failure to do so may result in your classification as a nonresident.

You		Your parent (if you are under 24)
Date of continuous physical presence in Oregon (mo/yr)	from _____ to _____	from _____ to _____
Date current Oregon Driver's License was issued (mo/yr)	_____	_____
Date of Oregon Voter Registration (mo/yr)	_____	_____
Date of employment in Oregon (mo/yr)		
Employer _____	from _____ to _____	from _____ to _____
Location: City _____ State _____	from _____ to _____	from _____ to _____
Employer _____	from _____ to _____	from _____ to _____
Location: City _____ State _____	from _____ to _____	from _____ to _____
Dates of military service, if applicable (mo/yr)	from _____ to _____	from _____ to _____
Did you enter the military service from Oregon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List last 2 years Oregon income taxes have been filed		19/20 _____ 19/20 _____
19/20 _____		
Are you seeking admission as a WICHE Western Regional Graduate Student? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, from what state are you claiming residence? _____

20. **Ethnic Identity** (optional)
 Please indicate your ethnic identity by checking one of the following (Note: In compliance with federal reporting requirements, OSU must seek to identify the ethnic background of applicants for admission. You are encouraged to supply this information, but may decline without in any way prejudicing your application.)

- | | |
|--|---|
| <input type="checkbox"/> A Asian American _____
specify ethnic group | <input type="checkbox"/> ME Middle Eastern _____
please specify |
| <input type="checkbox"/> IA American Indian or Alaskan Native _____
specify tribal affiliation | <input type="checkbox"/> P Native Hawaiian or other Pacific Islander _____
specify ethnic group |
| <input type="checkbox"/> B Black, African American, Non-Hispanic | <input type="checkbox"/> NA North African _____
please specify |
| <input type="checkbox"/> H Hispanic American _____
specify ethnic group | <input type="checkbox"/> W White, European American, Non-Hispanic |
| <input type="checkbox"/> O If none of the above is appropriate for you, please write in the ethnic/racial identification you use: _____ | |

21. **Applicants with Disabilities:** If you have a physical or learning disability and need reasonable accommodation or information about services available, please contact the Director of Services for Students with Disabilities, Oregon State University, 200 Kerr Administration Building, Corvallis, OR 97331-2133. Phone: Voice 541-737-4098. TDD 541-737-3666.

22. **Certification:** I certify that I have provided complete and accurate responses to the items on this application. The documents I have provided are unaltered copies of the original documents. I authorize release of any information submitted by me in connection with this application to any person, firm, corporation, association, or government agency, but only to verify or explain information.

Signature (required) _____ Date _____
 (Optional) I authorize _____ to make inquiries on my behalf during the application process.
 Signature _____ Date _____

Nondiscrimination and Diversity Statement. Oregon State University welcomes all qualified students and does not discriminate on the basis of race, color, national origin, sexual orientation, age, religion, marital status, disability, or Vietnam-era veteran status. OSU actively promotes a diverse learning environment and expects all students, faculty and staff to honor and support this important University core value.

Social Security Number Disclosure and Consent Statement: As an eligible educational institution OSU must get your correct social security number (SSN) to file certain returns with the IRS and to furnish a statement to you. The returns OSU must file contain information about qualified tuition and related expenses. Privacy Act Notice – Section 6109 of the Internal Revenue Code requires you to give correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. For more information please refer to IRS code 6050S. By providing your SSN you authorize OSU and OUS to use your SSN for tracking and statistical purposes as outlined in the OUS Disclosure and Consent Statement contained in the printed and Web versions of the OSU Schedule of Classes for each term.