



Application for Graduate Admission (Non-Degree)

Please complete this application and return it, with the application fee, to the Graduate Center, Shawnee State University, 940 Second Street, Portsmouth, Ohio 45662-4344. You should arrange to have your college transcript and results of the GRE (if applicable) sent to the address above. The registrar from your previous institution must forward an official college transcript to the Graduate Center at Shawnee State University. **All questions must be answered. If not applicable, answer N/A.**

Social Security Number: _____

Name: _____ Date of Birth: _____
Last First M.I. Former Name Month/Day/Year

Permanent Address: _____
Street City State Zip

Local Address: _____

Permanent Phone: () _____ Cell Phone: () _____ E-mail Address: _____

I would like to receive text messages from Shawnee State University Yes No

College(s) Previously Attended:

1. _____ Year of Graduation: _____

Degree(s) Earned: _____ Area of Study: _____

2. _____ Year of Graduation: _____

Degree(s) Earned: _____ Area of Study: _____

3. _____ Year of Graduation: _____

Degree(s) Earned: _____ Area of Study: _____

I am pursuing a Non-Degree Graduate Program of Study in:

Master of Education:

Curriculum & Instruction

Intervention Specialist (K-12)

M.S. in Mathematics

Teacher Leader Endorsement

Master of Occupational Therapy

Term/Year I plan to attend: _____

Housing/Living Arrangements: Off-Campus Housing On-Campus Housing

Citizenship

Are you a U.S. citizen? Yes No

Resident Status for Past 12 Months:

Resident of Ohio

Resident of Kentucky: _____ County

Resident of another state

Dates you have lived in Ohio (you must choose one):

Birth to present From (month/year) _____ To (month/year) _____ Never

International Applicants Only:

Name as it appears on passport: _____

City of Birth: _____ Country of Birth: _____

Country of Citizenship: _____

Address of Permanent Legal Residence: _____

Country of Permanent Legal Residence: _____

Are you working with an Agency? Yes No Name of Agency: _____

Have you ever been convicted of a crime where you were adjudged a sex offender? Yes No If so, year _____

Have you ever been convicted of a felony? Yes No If so, year _____

Financially Dependent Students

Name the person upon whom you are dependent for more than half of your financial support:

First Name

M.I.

Last Name

Residence Address: _____

Number & Street (required)

City

State/Country

Zip

Phone (area code first)

Voluntary Disclosure

*The information requested below is used to report student and applicant demographic information to state and federal agencies. Your completion of this area is completely voluntary. This information will not be used for discriminatory purposes.**

Have either of your parents received a 4-year college degree?

Yes No

* Shawnee State University does not discriminate in admission, access, or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator, who is also the coordinator of special needs services, at 740.351.3276.

Gender: Male Female

Hispanic: Yes No

Race/Ethnic: (1) Nonresident Alien
 (2) Race and Ethnicity unknown
 (3) Hispanics of any race

Non-Hispanics only:

(4) American Indian or Alaska Native
 (5) Asian
 (6) Black or African American
 (7) Native Hawaiian or other Pacific Islander
 (8) White
 (9) Two or more races

How did you hear about SSU? _____

I certify that the statements included in this application are accurate and true to the best of my knowledge. Any falsification of information may result in disciplinary action, including dismissal.

Signature

Date

\$30.00 application fee submitted. (Make check payable to Shawnee State University)

\$50.00 International application fee submitted. (Make check payable to Shawnee State University)