

SOUTHWEST

MINNESOTA STATE UNIVERSITY

Graduate Admission Application

Please indicate the semester in which graduate work will begin:

_____ Fall, 20_____ Spring, 20_____ Summer, 20_____

STUDENT INFORMATION

Social Security Number* _____-_____-_____

Name _____
Last Name First Name Middle

Address _____
Street Address or P.O. Box City State Zip

Home Telephone _____-_____-_____ Work _____-_____-_____ Cell _____-_____-_____

E-mail (Home) _____ (Work) _____

State of Residency _____ If Minnesota, how long have you lived here? (Years/Months) _____

County of Residency _____ Occupation _____ Employer _____

Are you a U.S. Citizen: _____ Yes _____ No If not, what type of visa do you hold? _____

Are you a graduate of SMSU? _____ Yes _____ No If yes, transcripts are not required for this application.

* Many colleges/universities use Social Security numbers for student identification purposes on student records. Providing your Social Security number is voluntary. If you do not provide it, your application will still be processed. This data is requested for purposes of administration, program evaluation, and consumer and alumni data. Your number also may be used to create summary information about MnSCU programs through data matches with other state agencies.

EDUCATIONAL INFORMATION

A Bachelor's degree from an accredited institution is prerequisite for pursuing graduate work at SMSU. Official transcripts of all academic work from each institution must be submitted for full admission to a graduate program.

University Granting Bachelor's Degree _____

Degree Granted: (B.A./B.S. etc.) _____ Date Granted (DD/MM/YY) _____/_____/_____

Major(s)/Minor(s) _____

Other Institutions Attended _____

Have you earned graduate credit(s) at another institution? _____ Yes _____ No

If yes, where _____

P R O F E S S I O N A L I N F O R M A T I O N

Do you plan to earn a master’s degree from Southwest Minnesota State? ____ Yes ____ No

Do you plan to transfer graduate credits to SMSU from another university? ____ Yes ____ No

P R O G R A M I N F O R M A T I O N

BUSINESS PROGRAM:

____ **Master of Business Administration** On campus classes Online cohort
 Leadership Management Marketing

EDUCATION PROGRAMS:

Master of Science in Education:

- English
- Math
- Reading
- Sports Leadership:
 - Coaching & Teaching
 - Leadership & Management
 - Sales and Marketing
- Teaching English as a Second Language
- Teaching, Learning & Leadership

Master of Science in Special Education with endorsement options:

- Autism Spectrum Disorder (ASD)
- Developmental Disabilities (DD/DCD)
- Emotional Behavioral Disorders (EBD)
- Learning Disabilities (LD)

Master of Science in Physical Education:

- Coaching of Sport

Master of Science in Education:

- Teaching, Learning & Leadership
(Off-campus Learning Communities)

(Site Location: _____)

Licensure only options:

- Reading
- Teaching English as a Second Language
- Education Administrative Licensure*
 - Principal
 - Superintendents
 - Director of Special Education

**Program is pending approval, please contact the School of Graduate Studies for updates.*

Teaching Licensure Area(s)*: _____ Exp. Date _____

*** NOTE: Reading, Special Education, and TESL programs require teaching licensure prior to admission. Math requires a Math or Secondary Math Education degree. In addition, Special Education requires an ABS licensure prior to enrollment in the endorsement courses.**

I certify that the information I have provided on this application and in all other admission materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of application information is sufficient grounds for cancellation of admission to the University.

Applicant’s Signature

Date

Please return this application form, along with your \$30 application fee to:

**SCHOOL OF GRADUATE STUDIES, SOUTHWEST MINNESOTA STATE UNIVERSITY
1501 STATE STREET, MARSHALL, MN 56258**

REQUEST FOR CONFIDENTIAL INFORMATION

This information will assist Minnesota State Colleges and Universities in evaluating student recruitment and retention policies; it will not be used as a basis for admission.

Providing the following information is voluntary.

GENDER

MALE

FEMALE

Birth Date _____

Hispanic or Latino - A person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture, regardless of race

RACE & ETHNIC BACKGROUND (select any that apply)

American Indian or Alaska Native - A person having origins in any of the original peoples of North, Central or South America and who maintains tribal affiliation or community attachment

Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent

Black or African American - A person having origins in any of the black racial groups of Africa

Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White - A person having origins in any of the original peoples of Europe, the Middle East or North Africa

WHAT IS THE HIGHEST LEVEL OF EDUCATION FOR YOUR PARENT(S)/, GUARDIAN(S)?

Please respond for the parent(s), step-parent(s) or guardian(s) who raised you.

Check only one box for each parent/guardian.

PARENT/GUARDIAN #1

No high school diploma

High school diploma

Some college

Two-year college degree/diploma

Bachelor's degree or higher

Not sure/don't know

PARENT/GUARDIAN #2

No high school diploma

High school diploma

Some college

Two-year college degree/diploma

Bachelor's degree or higher

Not sure/don't know