

Application for Graduate Admission

For Graduate Admissions Use Only

SAM# _____

Please type or print clearly the information requested below and return this form with a **nonrefundable \$50 application fee to: Graduate Admissions; Radford University; P. O. Box 6928; Radford, Virginia 24142.**

Social Security # _____ - _____ - _____ Date of Birth ____/____/____ Day Telephone # (____)____-_____

Name: _____
Last First MI Name on transcripts, if different

Current Address: _____
Street / Rural Route/ P.O. Box

City/Town State Zip Code County/Country

Permanent Address: _____
Street / Rural Route/ P.O. Box

City/Town State Zip Code County/Country

E-mail address: _____

Emergency contact and phone: _____

Have you previously applied for admission for graduate study at Radford University? Yes No

If yes, year of application _____

Expected year of entry _____ Circle term of entry: Fall Spring Maymester Summer I Summer II Summer III
(see online schedule for specific dates of terms)

Expected site: Radford (main campus) _____ Roanoke _____ Abingdon _____ Other _____ (indicate location)

NOTE: Not all programs are offered at extended campus sites. See program list for information.

Place of Birth: _____
County/State

*Gender: Male _____ Female _____

Citizenship
 _____ U.S. Citizen
 _____ Permanent Resident Alien,
 Alien Registration # _____
(Please send a copy of your Green Card)
 _____ Non-Resident Alien

*Predominant Race / Ethnic Background
 _____ White, Caucasian
 _____ Black or African American
 _____ Hispanic of Any Race
 _____ Asian or Pacific Islander
 _____ American Indian or Alaskan Native
 _____ Native Hawaiian or Pacific Islander
 _____ Two or More Races
 _____ Race and Ethnicity Unknown
 _____ Prefer Not to Disclose

*NOTE: This information is requested for record-keeping purposes only. This information will in no way affect admissions decisions.

List **ALL** colleges and universities attended, using an extra sheet if necessary. Begin with the most recent. **Failure to list all institutions previously attended may result in cancellation of admission and registration.**

Name of College/University	Location	Dates Attended	Degree	Major	Date Degree Received/Expected	Overall GPA
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Continued on next page

TYPE OF ADMISSION: (select all that apply)

Graduate Degree Seeking: *Applicant intends to enroll in graduate degree program.*

Specify degree program: _____
Program Concentration Option

Do you plan to complete a Post-Baccalaureate Certificate in addition to your degree: Yes No

If yes, specify certificate: _____
Post-Baccalaureate Certificate

Which of the following tests have you taken? GRE GMAT MAT Other (specify) _____

Have the test scores been sent to Graduate Admissions? Yes No If "yes" Date sent: _____

If you have not yet taken the test, which test do you intend to take? _____ Planned test date: _____

Initial Teaching Licensure: *Applicant intends to seek Initial Teaching Licensure.*

I am seeking initial teaching licensure in the following area: _____

Post-Baccalaureate Certificate: *Applicant intends to seek a Post-Baccalaureate Certificate only.*

Specify Post-Baccalaureate Certificate: _____
Certificate

Non-Degree Seeking: *Applicant intends to take a course or courses for professional or personal development (e.g. secondary endorsements, recertification classes, professional licensure, to transfer into a degree program, etc.)*

What is your purpose for seeking admission? _____

In which class(es) do you plan to enroll? _____

Do you plan to pursue a degree? * Yes No *Note: only 6 hrs allowed to transfer from non-degree to a degree program

If yes, which degree program? _____
Program Concentration Option

WORK AND VOLUNTEER EXPERIENCE:

Attach a resume. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for the program in which you are seeking admission.

International Students: Have you sent your TOEFL scores to Graduate Admissions? Yes No If yes, when? _____
If you have not taken the TOEFL, when is your planned test date? _____

All Applicants: Have you ever been on disciplinary probation, declared ineligible to register for any period of time, suspended or dismissed from any college or university? Yes No If yes, please give the name of the institution, date of action and fully explain on a separate sheet.

All Applicants: Have you ever been convicted of a criminal offense or is final action pending on any criminal charges other than a minor traffic violation? Yes No If yes, or if you have any question about whether a matter in your background (including offenses committed as a juvenile and charges taken under advisement) constitutes a criminal offense, describe the nature of that matter as accurately as you can on a separate sheet of paper and attach to this application.

HONOR CODE: *I do hereby resolve to uphold the Honor Code of Radford University by refraining from lying, from the illegal appropriation of property, and from violation of the Standards of Student Academic Integrity.*

I have read and understand the Honor Code statement of Radford University as stated above. If offered admission, I agree to abide by the Honor Code and the rules and regulations of the University. I certify that all information supplied in my application, to the best of my knowledge, is correct.

Information contained on this application will be provided to Virginia state agencies as required by law.

Signature of Applicant Date

*Application for Virginia
In-State Tuition Rates*
(Please type or print your application.)

This section to be
completed by the student.
No applicant can be considered for in-state
tuition rates unless this form is completed.

*Radford University
Radford, Virginia 24142*

1. **Social Security Number** _____

2. **Student Name** _____

3. **Date of Birth** _____
Month Day Year

4. **Citizenship** U.S. Non-U.S. If Non-U.S., Give Visa Type _____

5. **Classification you wish your in-state tuition based on.**
 Your own Virginia Domicile Dependency on a parent or guardian who is domiciled in Virginia
 Non-resident employed full time in Virginia and paying Virginia income tax. Generally, individuals who wish to qualify for this exception must reside in a state for which Virginia has no tax reciprocity, be employed full time in Virginia and paid Virginia income tax.

6. **How long have you lived in Virginia?** _____

7. **Where have you lived for the past two years? List current address first.**
From (Mo./Yr.) To (Mo./Yr.) Street City State Zip

From (Mo./Yr.) To (Mo./Yr.) Street City State Zip

8. **Will you have filed a tax return or paid income taxes to any state other than Virginia during the past year?**
 Yes No

9. **For at least one year prior to the term in which you will enroll, will you have:**
A. Filed a tax return or paid income taxes to Virginia on earned income? Yes No
B. Been a registered voter in Virginia? Yes No
C. Held a valid Virginia driver's license? Yes No

10. **Do you own or operate a motor vehicle?** Yes No If yes, has it been registered in any state **other** than Virginia during the past year? Yes No

11. **Are you or any member of your immediate family presently in the military?** Yes No If yes, check: self spouse parent or legal guardian If no, go to question 12
A. Will Virginia income taxes have been paid on all military income for one year prior to the term in which you will enroll? Yes No
B. If your spouse is in the military, will you have resided in Virginia, been employed, earned at least \$10,300 and paid income taxes to Virginia for at least one year prior to the term in which you will enroll? Yes No
C. If the answers to A and B are No, please indicate the date your military spouse was stationed or established residence in Virginia pursuant to military orders: DATE: _____
(Attach copy of the military orders or other military-acknowledged document.)

12. **Answer this question only if you live outside Virginia but work in Virginia.**
Will you have lived outside of Virginia, worked in Virginia, earned at least \$10,300 and paid Virginia income taxes on all taxable income earned in the Commonwealth for at least one year prior to the term in which you will enroll: Yes No

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of Applicant

Date