



School of Continuing Studies Graduate Application

Nonrefundable application fee of \$50.00 must accompany this form.
Make checks payable to School of Continuing Studies in U.S. funds

Program to which you are applying (check one):

- Graduate Certificate in Disaster Science
- Graduate Certificate in Human Resource Management
- Master of Disaster Science
- Master of Human Resource Management
- Thesis Track Non-Thesis Track
- Other (please identify): _____
- Master of Education in Curriculum & Instruction

I would like to begin courses in: Fall 20_____ Spring 20_____ Summer* 20_____

*Not available for M.Ed. students

STUDENT INFORMATION Unless noted, all fields are required. Please print or type.

I.D. Number (SSN) _____

SSN will be replaced by ALTERNATE ID number and will not be used as your primary identification.

Name _____
Last First M.I.

Home Address _____
Street City State Zip

Home Phone _____ **Cell** _____ **Email** _____

Permanent Resident of _____
City County Other State or Country

Birth Date _____ **Gender** Male Female **US Citizen** Yes No (See note on page 2.)

Ethnic Group Native American/Alaskan Native (1) Asian/Pacific Islander (2) Black Non-Hispanic (3)
 White Non-Hispanic (4) Hispanic (5) Other (6) Multi-cultural (7) No response (8)

EMPLOYER INFORMATION

Employer _____ **Business Phone** _____

Work Address _____
Street City State Zip

WORK EXPERIENCE List work experience from the most recent three years.

Date: From/To	Job Title	Company
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL CERTIFICATIONS & DESIGNATIONS List all professional certificates you have earned (e.g. CLU, CMA, CPA, CEM, CBCP, PEM, PHR, SPHR, etc.).

M.Ed. Applicants: Do you hold a VA teaching license? Yes No Endorsement areas: _____

