Graduate Application for Admission

This application must be acc payal Please complete application and the	ble to Easter	•		ipplication	fee
E-mail address:					
Name (last, first, m.i.):					
All previous name(s):					
Permanent Address:					
City:	State:	Zip:	Phone:		
Mailing Address (if different from a	above):				
City:	State:	Zip:	Phone:		
Birthdate(month/day/year)			(Check one)	Male	Female
Ethnic Origin (Response to this quest This information is requested so that we may of with appropriate regulations.				•	•
	on of Cuban, Mexic or origin regardles		can, South or Central Ame	erican, or other	Spanish
Yes No	0 0	,			
Select one or more race. White	Nativ	e Hawaiia	ın or other Pacifi	c Islander	
Black or African American			an or Alaskan Na		
Illinois Resident? Yes No U.S. Citizen Non U.S. Citizen	How long? Country	Yea :	rs Months		

	Alien Reg	jistration:		Type of Visa:		
Applying to Begin:	Fall	Spring	Summer	Year		_
Have you previous	ly attended	Eastern	either on can	npus or off campus?	Yes	No
	If	yes , indica	ate term and y	vear		
Have you ever bee	n a guest at	Eastern	either on car	npus or off campus?	Yes	No
	lf	yes , indica	ate term and y	/ear		
I am applying to pu	I rsue: Chec	k one: (A\	/AILABLE GR	ADUATE DEGREE PR	OGRAM	S OFFERED
Master's degree	in					
	Option (i	f applicabl	le)			
Specialist degree	e in					
Post-Baccalaure	ate Certifica	te Prograr	m - Area and ⁻	Title		
Teacher certification in (no degree) - list field						
Second bachelor	's degree					
Non-degree cou	rse work					
Are you a McNair So	cholar?	Yes N	0			
		_				_

Colleges or Universities attended including Eastern. Use reverse chronological order, beginning with

EIU - Graduate Application for Admission

most recent. Use additional sheet if necessary. * If seeking financial aid this must be filled out completely.

	Name/Campus	City	State / Country
1.			
	Dates Attended		Degree/Hours Earned - Expected
2.			
	Dates Attended		Degree/Hours Earned - Expected
3.			
	Dates Attended		Degree/Hours Earned - Expected
4.			
	Dates Attended		Degree/Hours Earned - Expected
5.			
	Dates Attended		Degree/Hours Earned - Expected

This application must be signed, dated and accompanied by a NON-REFUNDABLE \$30.00 CHECK OR MONEY ORDER, made payable to Eastern Illinois University before action can be taken. I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify that the information provided on this application is correct and complete.

Signature Da	te//
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RETURN TO: Office of the Graduate School

Eastern Illinois University 600 Lincoln Avenue Charleston, IL 61920-3099