DELTA STATE UNIVERSITY

\$30.00 Graduate Application Fee Required (non-refundable) International Blues Scholars Post- Bacc Certificate

GRADUATE APPLICATION FOR ADMISSION

PLEASE PRINT OR TYPE, AND FILL IN ALL BLANKS.

Fu	ll Name							
_	(Last)		(First)		(Middle)			
E-r	mail Address							
Ре	Permanent Address							
	(City)	(State)	(Zip Code)	(County)	(Nation, if not U.S.)			
IVId								
	(City)	(State)	(Zip Code)	(County)	(Nation, if not U.S.)			
Ce	ll Phone ()		Are you a le	egal resident of	Mississippi?Yes No			
So	cial Security Number		Date of Birt	Date of Birth				
		900#, if applicable)		(MM/DD/YYYY)				
IN	ORDER TO ACCURATELY RESPOND TO R	EQUESTS FROM A VAR	ETY OF FEDERAL	, STATE, AND CO	MMUNITY ENTITIES, DSU ASKS			
	YOU TO ANSWER THE FOLLOWING QUESTIONS:							
	ender:FemaleMaleOthe		Religious A	Religious Affiliation:				
Ma	arital Status:SingleMar		1					
1	SeparatedDivo							
 Do you consider yourself to be Hispanic/Latino?YesNo In addition, select one or more of the following racial categories to describe yourself: 								
2.	White	Asian		nbe yoursen.				
	Black or African American		n Indian or Alask	a Native				
	Native Hawaiian or Pacific Islander							
3. Select the answer that best describes either parent's highest level of education completed.				ed.				
	Less than High School diploma			l or Professional Degree				
	GED/High School diploma Bachelor De				-			
	Some college coursework/no de			ree				
LIS	T ALL PRIOR COLLEGES/UNIVERSITIES A	TTENDED. LISTING MO	ST RECENT FIRST.	INCLUDE ANY A	TTENDANCE AT DELTA STATE			
	IIVERSITY.	,	,					
INS	STITUTION	STATE	DEGREE		DATES OF ATTENDANCE			

ADMISSIONS DOCUMENTS

The completed application, application fee, immunization records and transcripts from the college/university where you received your bachelor's degree and from all colleges/universities where you received graduate credit should be sent to the following address: Office of Graduate & Continuing Studies

Delta State University Kent Wyatt Hall 239 Cleveland, MS 38733

If required by the degree program, letters of recommendation and other supporting documents should be submitted to the Office of Graduate Studies. Please contact us at 662.846.4700 or via email at <u>grad-info@deltastate.edu</u>.

CHECK _	YOUR PROPOSED PROGRAM OF STUDY:				
MAS	MASTER OF APPLIED SCIENCE Geospatial Information Technology	MSN	MASTER OF SCIENCE IN NURSINGNursing		
MA-LS	MASTER OF ARTS IN LIBERAL STUDIESLiberal Studies		Nurse Administrator Nurse Educator Nurse Practitioner		
ΜΑΤ	MASTER OF ARTS IN TEACHING Secondary Education Special Education Non Licensure Secondary Education Secondary Education Secondary Education	CERT MSNS	POST-MASTER'S Nursing Family Nurse Practitioner Nurse Administrator Nurse Educator (Fast Track) MASTER OF SCIENCE IN NATURAL SCIENCE Biological Sciences		
MBA	MASTER OF BUSINESS ADMINISTRATION Business Administration Integrated Master of Business Administration	MSJC	Physical Sciences MASTER OF SCIENCE IN SOCIAL JUSTICE &		
MCA	MASTER OF COMMERCIAL AVIATION Commercial Aviation		CRIMINOLOGY Social Justice and Criminology		
MED	MASTER OF EDUCATION Counseling Clinical Mental Health School Counseling	EDS	EDUCATION SPECIALIST Counseling Education Administration & Supervision Elementary Education		
	Secondary Education Art Art English History Social Science Educational Administration & Supervision Public School Independent School Elementary Education Health, Physical Education, & Recreation	DNP EDD	DOCTOR OF NURSING PRACTICE Nursing BSN (Post RN) Post BSN Post MSN DOCTOR OF EDUCATION Professional Studies Counselor Education Curriculum & Instruction Educational Leadership		
MPAC	Special Education MASTER OF PROFESSIONAL ACCOUNTANCY		Educational Leadership Elementary Education Higher Education		
MS	Accountancy MASTER OF SCIENCE Community Development Sports and Human Performance Exercise Science Human Performance Sports Administration/Management	NON	NON-DEGREE Graduate Student Arts & Sciences Business & Aviation Education & Human Sciences Nursing		
SELECT YOUR ENTRY TERM:) Fall 20 () Spring 20 () Summer I 20 () Summer II 20					

I hereby make application for admission to Delta State University and I agree to abide by the regulations of the University and to accept responsibility for payment of all charges incurred while I am a student. I further declare that the information on this application is complete and accurate.

APPLICANT'S SIGNATURE ____

DATE

Delta State University is committed to a policy of equal employment and educational opportunity. Delta State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. This policy extends to all programs and activities supported by the University.