



University of San Diego

GRADUATE SCHOOL ADMISSION APPLICATION

PLEASE READ INSTRUCTIONS CAREFULLY. TYPE OR PRINT.

Personal Information

LAST NAME FIRST NAME MIDDLE INITIAL

ADDITIONAL LAST NAME(S) THAT MAY APPEAR ON TRANSCRIPTS

Current Mailing Address Valid until Month/Day/Year

STREET TELEPHONE

CITY, STATE WORK PHONE

ZIP or COUNTRY FAX

E-MAIL SOCIAL SECURITY NO. (Optional)

Permanent Address Active as of Month/Day/Year

BIRTHDATE MALE FEMALE

STREET BIRTHPLACE City and State or Country

CITY, STATE LANGUAGE SPOKEN IN THE HOME

ZIP or COUNTRY COUNTRY OF CITIZENSHIP

COUNTRY OF PERMANENT RESIDENCE

USD Plans

- I am applying for entrance in FALL, (YR) SPRING, (YR) SUMMER, (YR)
I plan to attend graduate school FULL-TIME PART-TIME
Program Choice

PROGRAM

Please note: Applicants may apply to a masters and credential program concurrently. Please check with individual departments for more information.

CREDENTIAL CREDENTIAL SUBJECT Single Subject Applicant
CODE NO.

I previously applied to USD for graduate admission in FALL, (YR) SPRING, (YR) SUMMER, (YR) NA

I attended from Month/Day/Year to Month/Day/Year Program Degree

I am applying for readmission to the same program YES NO

If applying to a Joint-degree Program, please indicate if you currently attend USD's School of Law. YES NO

If yes, give dates of attendance Month/Year to Month/Year Intended date of Law Graduation Month/Year

International Applicants and Permanent Residents

International Applicant

CURRENT VISA STATUS

- I REQUIRE A STUDENT VISA (F-1)
I REQUIRE AN EXCHANGE VISITOR VISA (J-1)

OTHER

Permanent Resident

ALIEN REGISTRATION NUMBER

I AM A PERMANENT RESIDENT (NON-U.S. CITIZEN, NON-VISA)

HOW LONG HAVE YOU BEEN IN THE UNITED STATES?

International Permanent Address

STREET

CITY

STATE/PROVINCE

COUNTRY

POSTAL CODE

OPTIONAL STATISTICAL INFORMATION

This information will not be used in, or in any way affect, the admission decision. After a decision is made, however, certain facts may prove helpful in identifying candidates for specific privately-endowed scholarships, in reporting institutional statistics to the U.S. Office of Education, and in recognizing the needs in University planning. Your voluntary provision of this data is most appreciated.

Ethnic Background (U.S. Citizen/Permanent Residents only)

- | | | |
|--|---|---|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> AFRICAN-AMERICAN/BLACK | <input type="checkbox"/> ASIAN AMERICAN |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> MEXICAN AMERICAN |
| <input type="checkbox"/> CUBAN AMERICAN | <input type="checkbox"/> OTHER HISPANIC OR LATINO | <input type="checkbox"/> WHITE/CAUCASIAN |

Religious Preference

- | | | | |
|-----------------------------------|-------------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> CATHOLIC | <input type="checkbox"/> PROTESTANT | <input type="checkbox"/> HINDU | <input type="checkbox"/> ISLAMIC |
| <input type="checkbox"/> JEWISH | <input type="checkbox"/> LDS | <input type="checkbox"/> OTHER | |

Relatives Who Have Attended or Worked at The University of San Diego

1. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____
2. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____
3. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____
4. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____

Application Influence

Rank numerically, in priority order, the five (5) people, publications, or events which most influenced you to apply to USD. (Indicate the specific event or item on the line provided.)

- | | | |
|---|---|--|
| <input type="checkbox"/> USD ADMISSIONS OFFICER | <input type="checkbox"/> FRIEND | <input type="checkbox"/> USD INFORMATION SESSION |
| <input type="checkbox"/> USD ALUMNUS/A | <input type="checkbox"/> USD STUDENT | <input type="checkbox"/> MBA FORUM |
| <input type="checkbox"/> BARRON'S GUIDE | <input type="checkbox"/> USD FACULTY | <input type="checkbox"/> GRADUATE SCHOOL DAY |
| <input type="checkbox"/> FAMILY MEMBER | <input type="checkbox"/> PETERSON'S GUIDE | <input type="checkbox"/> USD PUBLICATION |
| <input type="checkbox"/> ADVERTISEMENT _____ | <input type="checkbox"/> USD WEB SITE | |
| <input type="checkbox"/> OTHER _____ | | |

Who or what led you to apply to USD? _____

Please list the other graduate schools to which you are applying. _____

Recommenders

Please give the full name, address, and position of your three recommenders.

1. NAME _____ POSITION/TITLE _____
INSTITUTE /ORGANIZATION _____
ADDRESS _____

2. NAME _____ POSITION/TITLE _____
INSTITUTE /ORGANIZATION _____
ADDRESS _____

3. NAME _____ POSITION/TITLE _____
INSTITUTE /ORGANIZATION _____
ADDRESS _____

ACADEMIC INFORMATION

Test Data

List all dates on which you have taken or plan to take the following exams:

I have taken <input type="checkbox"/>	I will take <input type="checkbox"/>	California Basic Educational Skills Test (CBEST)	Mo/Year _____	Mo/Year _____
I have taken <input type="checkbox"/>	I will take <input type="checkbox"/>	Graduate Management Admissions Test (GMAT)	Mo/Year _____	Mo/Year _____
I have taken <input type="checkbox"/>	I will take <input type="checkbox"/>	Graduate Record Examinations (GRE)	Mo/Year _____	Mo/Year _____
I have taken <input type="checkbox"/>	I will take <input type="checkbox"/>	Miller Analogies Test (MAT)	Mo/Year _____	Mo/Year _____
I have taken <input type="checkbox"/>	I will take <input type="checkbox"/>	The CSET Exam (California Subject Examinations for Teachers)	Mo/Year _____	Mo/Year _____
I have taken <input type="checkbox"/>	I will take <input type="checkbox"/>	Single Subject Assessments for Teaching	Mo/Year _____	Mo/Year _____
I have taken <input type="checkbox"/>	I will take <input type="checkbox"/>	The Test for English as a Foreign Language (TOEFL)	Mo/Year _____	Mo/Year _____

College/University Information

List in chronological order all colleges/universities from which you hold a degree; where you have taken undergraduate courses; where you have taken any graduate courses (including extension courses); and any college or university at which you have attempted any course work. **All transcripts must be on file before your application will be processed. Completion of the admission file is the responsibility of the applicant.**

1. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____

2. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____

3. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____

4. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____

5. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____

6. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____

■ Have you ever been placed on academic probation or academic dismissal by any college or university? Yes No

If yes, please explain:

■ Have you earned a bachelor's degree? Yes No Estimated GPA _____ Bachelor's degree graduation date _____

■ Have you completed any post-baccalaureate degrees, credentials or certificates? Yes No

If yes, please list: _____

ADDITIONAL INFORMATION

Employment Record

Please list any full-time positions you have held. Start with your present position. You are welcome to attach a resume describing the nature, scope and areas of responsibility of all work experience in lieu of completing this section.

1. POSITION _____	COMPANY _____
CITY & STATE _____	DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year
2. POSITION _____	COMPANY _____
CITY & STATE _____	DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year
3. POSITION _____	COMPANY _____
CITY & STATE _____	DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year
4. POSITION _____	COMPANY _____
CITY & STATE _____	DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year

Please list any part-time or summer jobs you have held.

1. POSITION _____	COMPANY _____
CITY & STATE _____	DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year
2. POSITION _____	COMPANY _____
CITY & STATE _____	DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year

Military Record

BRANCH _____	DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year
RANK AT ENTRY _____	
RANK AT SEPARATION _____	
IF NOT SEPARATED, CURRENT RANK _____	
MILITARY AWARDS OR HONORS _____	

Professional or Community Involvement

List professional or community activities and any honors or awards earned. Use an extra sheet of paper if necessary.

1. ORGANIZATION OR ACTIVITY _____	
DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year	HOURS PER WEEK _____
OFFICES HELD, SPECIAL RECOGNITION, AWARDS _____	
2. ORGANIZATION OR ACTIVITY _____	
DATES _____/_____/_____ to _____/_____/_____ Month / Year Month / Year	HOURS PER WEEK _____
OFFICES HELD, SPECIAL RECOGNITION, AWARDS _____	

Hobbies or Special Interests

STATEMENT OF PURPOSE

Please write a brief narrative describing yourself, your career goals, and the importance of graduate study at this point in your life. You may discuss influences on your intellectual development, educational and cultural opportunities (or lack of them) which have been available to you, and the ways in which these experiences have affected you. This should not be a recording of facts already listed on the application; it should give the Admissions Committee a better sense of who you are and why you are applying to graduate school at the University of San Diego. If you are now in a graduate program at another university, please explain why you wish to leave. (Guideline: 500 words or less). You may write the statement on a separate piece of paper and submit it with your application. Please note that if you plan to submit the statement of purpose on a separate sheet, you must include the disclosure statement below along with your signature and date.

I certify that the information on this application is true to the best of my knowledge. I have read all the instructions and I understand that refusal of admission or cancellation of registration will result from misrepresentation in any portion of this application form. I further understand that any submitted records and documents may not be photocopied for me or a third party and are non-refundable.

SIGNATURE _____ DATE _____
