



SOUTHERN UNIVERSITY
AND A&M COLLEGE
BATON ROUGE, LA

OFFICE OF GRADUATE STUDIES

APPLICATION INSERT

TO APPLICANT:

1. Please be advised that in accordance with Title IX of the Education Amendments of 1972, 20 U.S.C §1681 and its implementing regulation at 34 C.F.R. §106.21 (C)(1), the applicant is NOT required to respond to any request on this admissions application which deals with his/her marital status.
2. In conformance with Title VI of the Civil Right Act of 1964, 42 U.S.C §200D and its implementing regulation at 34 C.F.R. part 100 3(B)(2), the applicant is NOT required to provide information regarding race or ethnicity, such information is requested only on a voluntary basis and will be used in a non-discriminatory manner, consistent with applicable Civil Rights Laws.
3. In conformance with section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §794, and its implementing regulation at 34 C.F.R. §104.42 (B)(4), the applicant is NOT required to respond to any inquiries on this application as to whether he/she has a special disability or need.

APPLICATION FOR ADMISSION TO A GRADUATE DEGREE PROGRAM

INSTRUCTIONS

THE GRADUATE SCHOOL
SOUTHERN UNIVERSITY AND A & M COLLEGE
P. O. BOX 9860
BATON ROUGE, LA 70813

TELEPHONE: (225) 771-5390

TOLL FREE 1(888) 223-1460

FAX: (225) 771-5723

Download applications at <http://www.subr.edu/gradschool>

Southern University appreciates your interest in our Graduate School. Please read the following instructions carefully and review the current Graduate Catalog before completing the admission application form:

APPLICATION PROCEDURES

The following materials must be submitted to the Graduate School by the published deadline. All materials, once submitted, become the property of the University and cannot be returned.

1. APPLICATION FORM:

The fully completed application for admission to a degree program

2. OFFICIAL TRANSCRIPTS of PREVIOUS UNIVERSITY/COLLEGE WORK:

The applicant must request the Registrar of each University or College previously attended (including Southern University) to send applicant's official transcripts directly to the above address.

3. OFFICIAL TEST SCORES

Graduate Record Examination (GRE) - General Test Scores must be sent directly by the Educational Testing Service for all applicants.

4. ADMISSION APPLICATION FEES

1. An application for admission to the Graduate School must be accompanied by a non-refundable application fee of twenty-five (\$25.00) dollars in the form of money order or Bank Cashier's check (drawn on a U.S. Bank) made payable to Southern University.

2. An additional late fee of ten (\$10.00) dollars will be assessed and must accompany all applications postmarked and/or received after the respective published deadlines.

INTERNATIONAL APPLICANTS - ADDITIONAL INSTRUCTIONS

Applicants outside the United States or applicants who earned their previous college degrees outside the United States must submit all applications by the published deadlines, but no later than 90 days prior to the beginning of the Semester for which admission is sought. This is to allow time for processing the application and preparing documents needed to obtain entry visas and to facilitate travel plans to the United States. International applicants must submit the following additional materials as part of the admission application:

1. OFFICIAL TOEFL SCORES - This is required of all applicants who completed and earned undergraduate degrees outside the United States. Applicants from English-speaking countries and/or former British Colonies are exempted.
2. AFFIDAVIT OF FINANCIAL SUPPORT (U. S. Department of Justice Form I-134) is required from all International applicants.
3. COPY OF VALID VISA AND PASSPORT.

APPLICATION DEADLINES

SEMESTER/TERM	FEE	DEADLINE	ADDITIONAL / LATE FEE
FALL	\$25.00	April 15	\$10.00
SPRING	\$25.00	November 1	\$10.00
MAYMESTER(Inter-Session)	\$25.00	N/A	N/A
SUMMER	\$25.00	March 30	\$10.00

LATE APPLICATIONS

The Graduate School will accept late applications on a case by case basis, upon the payment of an additional late fee of \$10.00. While efforts will be made to process such late applications, it must be noted that the Graduate School is not and will not be under any obligation to process such late applications in any given semester/term.

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APPLICATION FOR ADMISSION TO A GRADUATE DEGREE PROGRAM

Please read instructions, type or print, and submit this form with all supporting documents and appropriate fees

BIOGRAPHICAL INFORMATION

Full Name _____ Social Security Number _____ - _____ - _____
Last First M.I.

Other Names _____
(Maiden Name, Married Name, etc.) under which your records may be filed

Current(Present/Local)Address _____
Street or Box City
County/Parish State Country Zip Code

****Please provide an out-of-state permanent address, if you are not a Louisiana Resident.**

Permanent(Home Address) _____
Street or Box City
County/Parish State Country Zip Code

E-Mail Address(es) _____ Telephone Number(s)HOME: _____ WORK: _____

DEGREES OFFERED

Please place a check mark next to the degree you wish to pursue.

Doctor of Philosophy

- Environmental Toxicology
- Nursing
- Public Policy
- Science/Mathematics Education
- Urban Forestry

Doctor of Nursing Practice

Master of Education

- Educational Leadership
- Special Education

Master of Arts in Teaching

Master of Arts

- Counselor Education
- Mental Health Counseling

Social Science

- History
- Political Science
- Sociology

Master of Business Administration

Master of Science in Nursing

Master of Engineering

Master of Public Administration

Online Executive Master of Public Administration

Master of Science

- Biology
- Computer Science
- Criminal Justice
- Mathematics/Physics
- Rehabilitation Counseling
- Speech-Language Pathology
- Therapeutic Recreation
- Urban Forestry

This information is voluntary, and will be used in a non-discriminatory manner, consistent with applicable civil rights laws.

Date of Birth: Month _____ Date _____ Year _____ Sex: Male Female

Ethnic Background:

- African-American (Black)
- Caucasian (White) American
- Asian American
- Other (Please Specify) _____
- Hispanic American
- Native American

Citizenship: Country of Current Citizenship: _____

Status, If not U.S. Citizen: U.S. Permanent Resident Alien Alien Registration Number _____

Non-Resident (International) Visa type: _____ I-94 number(if known) _____

IT IS VERY IMPORTANT THAT ALL STUDENTS COMPLETE THE SECTION BELOW IN ITS ENTIRETY:

State of Louisiana Residency:

- Louisiana Resident? Yes No *
- High School Attended: Louisiana Yes No *

Parish/County _____ City and State _____ School _____ Graduation Date _____

****If you did not graduate from a LA High School, you must prove LA Residency. Forms can be found at www.subr.edu/gradschool. You must submit the Residency forms along with all required documents to the Graduate School Office, before residency status can be considered.**

Provide employment or activities for the past three calendar years:

Name of Employer (If none, state activity):	Location (City/State):	Dates(Mo/Yr):
_____	_____	From:_____ To:_____
_____	_____	From:_____ To:_____
_____	_____	From:_____ To:_____

ACADEMIC INFORMATION

Semester you wish to enter: Fall Spring Summer Maymester Year:_____

Have you previously enrolled in the Graduate School at Southern University, Baton Rouge? Yes No
If yes, date(s) _____

List in CHRONOLOGICAL order all colleges and universities that you have attended. (If more than three, please use a separate sheet).

Institution	City and State	Dates Attended		Degree and Major
		From	To	

Type of Entrance Examination: GRE GMAT Date Taken: _____ or date to be taken: _____

List three persons who are qualified to certify as to your academic and/or professional abilities and character and ask them to complete the enclosed Letters of Recommendation form:

1. _____ 2. _____ 3. _____

CERTIFICATION (All Applicants)

I certify that the information that I have submitted with this application is correct and complete. I understand that admission to the Graduate School does not imply acceptance as a candidate for an advanced degree in any particular program and that I may be required to meet other departmental admission requirements; that completion of my graduate program of study must be in residence at Southern University; and that I must fulfill all Graduate requirements for certification as a candidate for a degree. I further certify that I have read and understand the application instructions on the front of this form and the policies of the Graduate School as contained in its Catalog.

Signature: _____ Date: _____



**OFFICE OF GRADUATE STUDIES
SOUTHERN UNIVERSITY AND A&M COLLEGE
BATON ROUGE, LOUISIANA**

STATEMENT OF PURPOSE

On a separate sheet, write a concise statement (limited to one single-spaced page) indicating your purpose and objective in pursuing a graduate degree at Southern University as well as any relevant employment and academic experiences in your chosen field of study. If you are presently in a graduate program at another university, explain why you plan to transfer to Southern University.

Applicant: In order for your application to be processed, you must also provide the information requested below. Please attach this form to your statement of purpose.

(Please TYPE)

Name: Mr. () Mrs. () Ms. () _____
Last First Middle

Social Security No: _____ Date of Birth: Month _____ Day _____ Year _____

Degree you wish to seek: _____ Major you wish to pursue: _____

Semester you wish to enter:
 Fall Spring Maymester Summer Year: _____

By affixing my signature below, I certify that I have read, understood and truthfully provided the information and personally completed this statement requested above.

Signature

Date

OFFICE OF GRADUATE STUDIES
SOUTHERN UNIVERSITY AND A&M COLLEGE
BATON ROUGE, LOUISIANA

LETTER OF RECOMMENDATION

APPLICANT: In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you. If the recommendation will be submitted on a separate sheet, please attach this form.

REQUEST FOR EVALUATION:

Name of Applicant: Mr. () Mrs. () Ms. ()

Full Name: _____
 Social Security No. _____
 Degree you wish to seek: Ph.D Master's
 Semester you wish to enter: Fall Spring Summer term 20_____

Waiver of Access: (Optional) By affixing my signature herein I hereby waive my right to gain access to this recommendation and authorize the Graduate School to maintain it in a confidential file.

Signature of Applicant: _____

1. How well do you know the applicant? How long and in what capacity? (Attach a separate sheet if necessary).

2. Give your opinion of the applicant's qualifications to do graduate work in his/her field. (Attach a separate sheet if necessary).

Please complete the following.

	Exceptional	Above Average	Average	Below Average	No Basis for Judgment
Intellectual Ability					
Writing Ability					
Speaking Ability					
Knowledge of Proposed Area of Study					
Motivation					
Emotional Stability					
Ability to Work Independently					
Ability to work in a group					
Research Potential					
Teaching Ability					

	Doctoral Program	Master's Program	Other (Please specify)
I would strongly recommend for			
I would recommend for			
I would recommend with reservations for			
I would not recommend for			

Indicate applicant's promise for success in a graduate program. () outstanding () above average () average () poor

SIGNATURE _____ **DATE** _____ **INSTITUTION** _____

NAME (please print or type) _____ **TITLE** _____ **ADDRESS** _____

LETTER OF RECOMMENDATION

APPLICANT: In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you. If the recommendation will be submitted on a separate sheet, please attach this form.

REQUEST FOR EVALUATION:

Name of Applicant: Mr. () Mrs. () Ms. ()

Full Name: _____
 Last First Middle
 Social Security No. _____ Date of Birth: Month _____ Day _____ Year _____
 Degree you wish to seek: Ph.D Master's Major you wish to study: _____
 Semester you wish to enter: Fall Spring Summer term 20_____

Waiver of Access: (Optional) By affixing my signature herein I hereby waive my right to gain access to this recommendation and authorize the Graduate School to maintain it in a confidential file.

Signature of Applicant: _____

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Ability to work in a group					
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Teaching Ability					

	Doctoral Program	Master's Program	Other (Please specify)
I would strongly recommend for			
I would recommend for			
I would recommend with reservations for			
I would not recommend for			

Indicate applicant's promise for success in a graduate program. () outstanding () above average () average () poor

SIGNATURE _____ **DATE** _____ **INSTITUTION** _____
NAME (please print or type) _____ **TITLE** _____ **ADDRESS** _____

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REQUEST FOR EVALUATION:

Name of Applicant: Mr. () Mrs. () Ms. ()

Full Name: _____
 Last _____ First _____ Middle _____
 Social Security No. _____ Date of Birth: Month _____ Day _____ Year _____
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Ability to Work Independently					
Ability to work in a group					
Research Potential					
Teaching Ability					

	Doctoral Program	Master's Program	Other (Please specify)
I would strongly recommend for			
I would recommend for			
I would recommend with reservations for			
I would not recommend for			

Indicate applicant's promise for success in a graduate program. () outstanding () above average () average () poor

SIGNATURE DATE INSTITUTION

NAME (please print or type) TITLE ADDRESS