

The Graduate School
The University of Tennessee at Chattanooga

Graduate Application for Admission

| |
|---|
| <input type="checkbox"/> Enclosed Receipt # _____ <input type="checkbox"/> Previously paid at: _____ UT Campus Date |
|---|

Please return completed application with a \$25 **non-refundable** application fee to the Graduate School Office.

Please print or type.

I. Personal Information

Name: _____ SS# _____
Last First Middle Maiden

Date of Birth: _____
 Male Female

Permanent Street Address: _____

City/State/Zip: _____ County: _____

Present Street Address: _____

City/State/ZIP: _____ County: _____

Home Phone: (____) _____ Work: (____) _____ E-mail: _____

Have you lived in Tennessee continuously since birth: Please check response:
 Yes No

If no, when did your last stay begin? ____/____/____
Month Year

How long have you lived at your permanent address? _____ Are you a United States citizen? _____

If foreign citizen give: Country of Birth: _____ Country of Citizenship: _____

Passport No.: _____ Expiration: _____ Type of Visa: _____ Expiration: _____

The U.S. Department of Health, Education, and Welfare requires that we submit the following information.

Check your ethnic origin:

- American Indian
 Asian/Pacific Islander
 African American
 Hispanic
 Caucasian
 Alaskan Native

II. College/University Experience

Beginning with the most recent institution attended, list all colleges and universities previously attended, dates of attendance and any degrees received (including UC and UTC). One official transcript from all previous institutions (except UTC) must be sent directly to the Graduate Studies Office.

| Name, City, and State of Institution | Last Date Attended | Degree and Major | Date of Conferral | Other Name(s) under which transcripts may be issued |
|--------------------------------------|--------------------|------------------|-------------------|---|
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Cumulative grade point average at time of baccalaureate degree: _____

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III. Admission Information

Applying for (year): _____ Circle semester: Fall (Aug-Dec) Spring (Jan-Apr) Summer (May-July)
 Graduate readmission at UTC (students who have attended UC or UTC as graduate students but have not been enrolled for one or more semesters)
 New graduate applicant at UTC
 First time in graduate school

IV. Type of Admission Classification Requested

Degree of Intent
 Degree: _____ Major: _____ Concentration: _____
 Non-Degree Graduate Teacher Certification (post bacc.) Non-Degree Transient
 (currently in a degree program at another institution)

V. Professional Certification (applies to degree seeking education applicants only)

A professional teaching certificate is required for some of the programs in education. List the information below:
 Certification granted by the State of _____ Number: _____ Type: _____
 Area(s) of Certification: _____ Years of Teaching Experience: _____ Grade Level: _____

VI. Employment History

Indicate your last three employers, beginning with your current or most recent employer.

| Occupation | Employer | Location | Full-time/ Part-time | Dates |
|------------|----------|----------|-------------------------|---------------------------|
| | | | | From: (Mo/Yr) To: (Mo/Yr) |
| | | | | |
| | | | | |
| | | | | |

VII. Other Information

Have you ever been convicted of a crime other than a minor traffic violation?
 Yes No
 If you have not been a student or employee, please specify the primary activities you have pursued during the last three years.

 If a veteran, please list your home of record: _____ Date of Discharge: _____
 How did you learn about our graduate programs?
 Friends Newspaper Ads Recruitment Fair UTC Web site Other:
 If "other," please explain: _____

III. Verification/Signature

I understand that withholding information requested in this application or giving false information may make me ineligible for admission to/or continuation in The University of Tennessee. With this in mind, I certify that the statements herein are correct and complete. I also realize that I must send test scores, transcripts, letters of recommendation, proof of measles immunity, and all other application materials described in the Graduate Catalog to be considered for full admission and financial aid.

Signature: _____ Date: _____

