

_____	_____	_____
Date Received	Date Application Fee Received	Payment method

# Domestic Application for Admission

Please type or print clearly

## Applicant Information

Name: Family Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Other name(s) under which your records might be found \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Current Address: Number and Street \_\_\_\_\_ City & State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code/Postal Code \_\_\_\_\_

Permanent Address: Number and Street \_\_\_\_\_ City & State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code/Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax # (if available) \_\_\_\_\_ E-mail address \_\_\_\_\_

If your home is in Kansas, when did your residence begin? \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month/Day/Year

Is English your first language? \_\_\_\_\_ If English is not your first language, what is your first language? \_\_\_\_\_

Citizenship \_\_\_\_\_ If you are not a citizen of the United States, what is your Visa status? \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 OPTIONAL: Social Security Number is required for purposes of awarding financial aid. Further, it is requested, but not mandatory under K.S.A. 76-725, for maintaining accurate records and servicing accounts.

OPTIONAL: The University of Kansas has an affirmative action program and is an equal opportunity institution. In order to comply with federal government regulations under Title VI of the Civil Rights Act, Title IX of the Education Amendments, the University seeks voluntary disclosure of information from applicants for reporting purposes only. Disclosure of date of birth is voluntary, and this information will be used for identification purposes when there is duplication of students' names. A decision not to provide this information will not negatively affect decisions on admission, assistantships, or awards. If you so choose, please provide the following information, as appropriate.

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Month/Date/Year

American Indian or Alaskan Native  
 Asian or Pacific Islander  
 Black (not of Hispanic origin)  
 Hispanic  
 White (not of Hispanic origin)  
 Other

If you have a disability and would like to know about KUMC services, write to: University of Kansas Medical Center, Equal Opportunity Office, Mail Stop 2014, 3901 Rainbow Blvd., Kansas City, KS 66160, U.S.A.

## Enrollment Information

Department: \_\_\_\_\_ Major Field: \_\_\_\_\_ TERM: \_\_\_\_\_  
 Degree Sought: Master's \_\_\_\_\_ Doctorate \_\_\_\_\_ Non-degree A \_\_\_\_\_ Non-degree C \_\_\_\_\_  
 Have you ever applied to KU before?  Yes  No If "yes," have you attended KU before?  Yes  No  
 If "yes," student # \_\_\_\_\_  
 \_\_\_\_\_ Fall Year \_\_\_\_\_  
 \_\_\_\_\_ Spring \_\_\_\_\_  
 \_\_\_\_\_ Summer \_\_\_\_\_

## Educational Information

**Important:** Applicants must submit 2 official sets of all undergraduate and graduate transcripts with application.

List below, in chronological order, COMPLETE information concerning every post-secondary institution you have attended. Attach an additional list if needed.

Full Name of Institution	Location	Dates of Attendance	Major	Degree	Date Awarded/Expected	GPA
_____	_____	____/____	_____	_____	_____	_____
_____	_____	____/____	_____	_____	_____	_____
_____	_____	____/____	_____	_____	_____	_____

## Résumé

Please attach résumé listing scholarships/fellowships, awards, and history of employment. List employment since bachelor's degree and begin with latest employment.

## References

List the names of three people who are submitting letters regarding your qualifications for graduate study.

Name	Position	Email Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

## Test Scores

GRE: \_\_\_\_\_  
Verbal      Quantitative      Analytical      Adv. Subject      Date Taken

Other: \_\_\_\_\_

Official scores must be submitted if department requires test  
ETS school code: 6895

## Applicant's Signature

I certify that the information given in this application and accompanying documents is complete and accurate, and I understand that submission of incorrect information can be considered sufficient cause for terminating my application or enrollment at the University of Kansas.

Date of Application \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE

### DEPARTMENTAL RECOMMENDATION

Admission recommended with \_\_\_\_\_ Not admitted

the following status:

\_\_\_ Regular      \_\_\_ Non-degree A      Deficiencies/Remarks \_\_\_\_\_  
\_\_\_ Provisional      \_\_\_ Non-degree C      \_\_\_\_\_  
\_\_\_ Probation      \_\_\_ Special B      \_\_\_\_\_

Degree Program: \_\_\_\_\_ PS plan \_\_\_\_\_

Department: \_\_\_\_\_

Major Field: \_\_\_\_\_

Campus: \_\_\_ Kansas City \_\_\_ Wichita

Date \_\_\_\_\_ Signature of Departmental Representative \_\_\_\_\_

### GRADUATE DIVISION ACTION

Admitted: \_\_\_\_\_ Not admitted      Remarks: \_\_\_\_\_

\_\_\_ Regular      \_\_\_ Non-degree A      \_\_\_\_\_

\_\_\_ Provisional      \_\_\_ Non-degree C      \_\_\_\_\_

\_\_\_ Probation      \_\_\_ Special B      \_\_\_\_\_

Date \_\_\_\_\_ Signature of Graduate Division Representative \_\_\_\_\_

Please send your application for admission, copies of official transcripts, test scores, letters of recommendation, and other required materials to the **KUMC department in which you wish to study**.

### Safety and Crime at KUMC

Safety policies, procedures, campus resources, and providing definitions, explanations, and a statistical portrait of crimes on campus can be found at [www.kumc.edu/police](http://www.kumc.edu/police).