

APPLICATION DEADLINE

Stevenson University's Admissions Office reviews applications on a rolling basis throughout the year. However, the University strongly encourages students applying to programs to apply no less than four (4) weeks prior to that program's start date.

ADMISSION CHECKLIST

- Complete the Graduate Application
- College Transcripts
- Submit official college transcript from your degree-granting institution; additional transcripts may be required to demonstrate satisfaction of program-specific prerequisites or at the discretion of the Admissions Committee. (Official transcripts must come directly from the college or university for which the credits were granted in a sealed envelope to be deemed official).
- Personal Statement – www.stevenson.edu/personal-statement-grad
- Additional Information may be required and may vary based upon program.

Additional Requirements for U.S. Permanent Residents

Submit a legible photocopy of both sides of the Permanent Resident card.

Application for Admission to Graduate Programs

Be sure to fill out the application completely. You must sign and date the application. Please type or print clearly.

Mr. Ms. Mrs. _____
LAST NAME: FIRST NAME: MIDDLE NAME: PREFERRED NAME:

Other names that might appear on your records _____

Permanent Address _____
NUMBER & STREET

CITY STATE ZIP COUNTY COUNTRY

Social Security Number (optional*) _____ **Cellular Telephone** _____ **Email** _____

Gender: Male Female Date of Birth _____ Place of Birth _____
CITY STATE COUNTRY

Citizenship status: U.S. Citizen Permanent U.S. Resident** Other _____
(Specify country and visa type)

Is English your first language? Yes No If No, what is your first language? _____

Are you active-duty military? Yes No If so, which branch? _____

Are you a member of the Maryland National Guard? Yes No

I plan to pursue a master's degree in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Business & Technology Management | <input type="checkbox"/> Communication Studies | <input type="checkbox"/> Community-Based Education & Leadership |
| <input type="checkbox"/> Crime Scene Investigation | <input type="checkbox"/> Cyber Forensics | <input type="checkbox"/> Digital Forensics |
| <input type="checkbox"/> Forensic Accounting | <input type="checkbox"/> Forensic Investigation | <input type="checkbox"/> Forensic Science |
| <input type="checkbox"/> Forensic Studies | <input type="checkbox"/> Healthcare Management | <input type="checkbox"/> Master of Arts in Teaching |
| <input type="checkbox"/> Nursing | | |

I plan to pursue a certificate in:

- | | | |
|---|---|---|
| <input type="checkbox"/> Community-Based Education & Leadership | <input type="checkbox"/> Crime Scene Investigation | <input type="checkbox"/> Digital Forensics |
| <input type="checkbox"/> Forensic Accounting | <input type="checkbox"/> Forensic Investigation | <input type="checkbox"/> Literacy Education |
| <input type="checkbox"/> Population-Based Care Coordination | <input type="checkbox"/> Quality Mgmt. and Patient Safety | <input type="checkbox"/> Secondary STEM Teaching & Learning |

* If you plan to apply for financial aid, we request that you provide your social security number at this time.

** All applicants who currently hold a U.S. visa or Permanent Resident card must submit photocopies of the front and back of the card. Failure to do so will delay the admissions process.

I would like to enter this program in Fall _____ Spring _____ Summer _____

Are you currently employed? Yes No Employer: _____

NAME

ADDRESS

WORK PHONE

Have you previously applied to or taken classes at SU? Yes No If Yes, semester and year (i.e. Fall 2000)

Highest level of Education Completed

- High School Diploma or GED Some College or Trade School College Degree
 Some post-graduate course work or certificates Graduate Degree Doctoral Degree

List all colleges and universities previously attended, in order of attendance, whether or not credit was earned or desired for transfer. Failure to indicate, at the time of application, any registration at another college or university may invalidate your admission.

COLLEGE / UNIVERSITY ATTENDED	LOCATION (City, State)	ATTENDANCE (Mo/Yr)		CREDITS EARNED	DEGREE EARNED
		FROM	THROUGH		
		FROM	THROUGH		
		FROM	THROUGH		
		FROM	THROUGH		

List all licenses and/or certificates _____

PERSONAL STATEMENT (REQUIRED) – Visit www.stevenson.edu/personal-statement-grad for more information.

Have you ever been academically dismissed from, declared ineligible to attend, or incurred disciplinary action at any institution?

- No Yes If yes, please provide information on a separate sheet. Your application will be considered incomplete without this information.

OPTIONAL INFORMATION

How are you most comfortable describing yourself? (Select one or more)

- American Indian or Alaskan Native Black or African American Hispanic or Latino
 Asian or Pacific Islander Caucasian or White Other

How did you first become aware of Stevenson University? _____

Have you visited the official Stevenson website, www.stevenson.edu? No Yes

List any friends or relatives who are currently members of faculty or staff at Stevenson University _____

To which other colleges are you planning to apply? _____

I certify that this and all information submitted on behalf of my application is true and complete to the best of my knowledge. I understand that falsification or omission of any information I provide could result in the denial of admission or retroactive dismissal from the University without refund or course credit. I authorize any school, colleges, or universities I previously attended to release personal and/or academic information to Stevenson University. Should Stevenson University need to release any of the following information to third-parties as part of a scholarship competition/selection I consent to such and waive those protections afforded by the Family Educational Rights and Privacy Act of 1974.

I voluntarily give Stevenson University permission to apply my scholarships and financial aid against current charges for educationally related activities other than tuition, fees and housing on my student account. I understand that I have the right to rescind this request, in writing, at any time.

Student's Signature _____ Date _____