

Mailing Address:
Stevenson University
1525 Greenspring Valley Road
Stevenson, Maryland 21153-0641

Registrar's Office:
1525 Greenspring Valley Road
Stevenson, Maryland 21153
TEL: 443.334.2206
FAX: 443.334.2623
Website: www.stevenson.edu

STEVENSON UNIVERSITY

Imagine your future. Design your career.®

Application for Admission to Graduate Courses in Project Lead The Way® Biomedical Sciences Program

FOR OFFICE USE:

App. Pd. _____

App. Wa. _____

ID# _____

PRSP _____

ASUM _____

SUMMER 2011

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

Mr. Ms. Dr. _____
Last Name First Name Middle Name

Other names which may appear on your records _____

Permanent Address _____
NUMBER & STREET

CITY STATE ZIP COUNTY COUNTRY

Social Security Number (optional) _____ Home Telephone _____

Cellular Telephone _____ E-mail Address _____

Gender: Male Female Date of Birth _____ Place of Birth _____

City, State, Country

Citizenship status: U.S. Citizen Permanent U.S. Resident Other
(specify) _____

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

International Students: What type of visa do you hold? B1 F1 PR Immigrant XX Other (specify)

Please provide the immigration card number along with the month, day, and year below. (All applicants who currently hold a U.S. visa or Alien Registration card must submit photocopies of the front and back of the card. Failure to do so will delay the admission process.) Immigration Number A _____ Month/Day/Year _____

I plan to pursue a Graduate Course in the Project Lead The Way® Biomedical Sciences Program in:
(Please select one)

Principles of the Biomedical Sciences

Human Body Systems

Medical Interventions

Biomedical Innovations

Name and Address of Current Employer:

NAME OF SCHOOL / SCHOOL DISTRICT

WORK MAILING ADDRESS

WORK PHONE WORK E-MAIL

List the courses that you teach in your current position _____

Additional Contact Information - (Please supply us with the name & address of a spouse, close relative, or significant other in case of emergency)

LAST NAME	FIRST NAME	RELATION	
NUMBER AND STREET	CITY	STATE	ZIP CODE
HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	CELLULAR TELEPHONE	

Have you taken the GRE? No Yes ➔ If yes, please provide date:

Have you taken any other graduate standardized tests?

No Yes ➔ If yes, please provide test type/date:

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)	Dates of Attendance (Month/Year for Start and End Dates)	Number of Credits Earned	Degree Earned

Please list all licenses and/or certificates _____

Have you ever been convicted or found guilty of any criminal or military offense, excluding minor traffic violations?

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

To the applicant: By your signature below, please certify the verity of the following statements:

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.

Applicant's Name (please print) _____

Applicant's Signature _____ **Date** _____

Admission to the University and the University's scholarship/loan programs is determined without regard to race, color, sex, religion, national or ethnic origin, or handicap. The University complies with all applicable laws and federal regulations regarding discrimination and accessibility due to the condition of handicap, age, veteran status, and otherwise.

Please fax completed, signed, dated application to the Registrar's Office: 443-334-2623
Attention: Erica Gryctz.