



Term Enrolled
Application Fee Paid

## GRADUATE SCHOOL APPLICATION

Graduate School • 800 South Tucker Drive • Tulsa, OK 74104-9700 • 918-631-2336 • 1-800-882-4723 toll free

**NOTE:** The applicant is responsible for supplying OFFICIAL transcripts of all academic work (in Certified English) to the Graduate School Office. A nonrefundable application processing fee of \$40 should accompany each application. All required application materials, i.e., test scores, official transcripts, and three letters of recommendation, must be submitted.

Name - Last	First	Middle	Social Security Number
Preferred First Name		Previous Name(s)	
Current Address - Street			
City	State	Zip + 4	Country
Home Phone ( )	Cell Phone ( )	Email Address	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Ethnicity (optional)</b> <input type="checkbox"/> White, non-Hispanic <input type="checkbox"/> African American <input type="checkbox"/> Native American, Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian American <input type="checkbox"/> International This information is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.			
Country of citizenship		Visa type: <input type="checkbox"/> F1 <input type="checkbox"/> J1 <input type="checkbox"/> Other	
Are you a Permanent Resident Alien (PRA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list your PRA number:			
Date of Birth	Place of Birth (if other than U.S.) city, state or province, country		

**FOR OFFICIAL USE ONLY  
DO NOT WRITE IN THIS SPACE**

GMAT Score	GRE Scores	TOEFL Scores	GPA
ACTION STATUS	Admit Status: <input type="checkbox"/> Official <input type="checkbox"/> Provisional <input type="checkbox"/> Probational	Academic Level: <input type="checkbox"/> Masters <input type="checkbox"/> Doctoral	<input type="checkbox"/> Defer <input type="checkbox"/> Deny
Remarks:			
Graduate Advisor	Date	Chairperson	Date
Graduate School		Date	

Do you plan to live in university housing? <input type="checkbox"/> Yes If yes, please indicate your preference: <input type="checkbox"/> Campus Apartment <input type="checkbox"/> University-Owned House <input type="checkbox"/> Residence Hall	I plan to live: <input type="checkbox"/> Off Campus
Do you plan to apply for financial aid? (optional) <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you want to be considered for a teaching/research assistantship? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please mail a current resume or CV with your other application materials to the Graduate School.</i>

List any academic honors you have received:

### College/University Attended

<b>Undergraduate</b>	College/University Attended		City	State	Country
	Major	Degree Earned	Degree Date (Mo./Yr.)	Dates Attended	
	College/University Attended		City	State	Country
	Major	Degree Earned	Degree Date (Mo./Yr.)	Dates Attended	
	College/University Attended		City	State	Country
	Major	Degree Earned	Degree Date (Mo./Yr.)	Dates Attended	
<b>Graduate</b>	College/University Attended		City	State	Country
	Major	Degree Earned	Degree Date (Mo./Yr.)	Dates Attended	
	College/University Attended		City	State	Country
	Major	Degree Earned	Degree Date (Mo./Yr.)	Dates Attended	
	College/University Attended		City	State	Country
	Major	Degree Earned	Degree Date (Mo./Yr.)	Dates Attended	

Have you ever been placed on academic or disciplinary probation?  Yes  No If yes, please explain and specify which term(s) and college(s):

Have you ever been suspended or dismissed from any colleges attended?  Yes  No If yes, please explain and specify which term(s) and college(s):

Have you ever been convicted of a felony?  Yes  No If yes, please explain:

Are you currently incarcerated?  Yes  No If yes, please explain:

## Emergency Contact

The following information is about your:  Parent  Guardian  Other

Name - Last		First		Middle	
Address - Street		City	State	Zip + 4	Country
Phone (        )		Email Address			

## Employer Information

Employer (Company Name)

Name - Last		First		Middle	
Address - Street		City	State	Zip + 4	Country
Phone (        )					
Your Occupation					

## Permanent Address

If there is an address other than your current address where we might reach you, please complete:

After what date should we use this address:        /        /

Address - Street		City	State	Zip + 4	Country
Phone (        )		Email Address			

## Educational Plan

Do you plan to be: <input type="checkbox"/> Degree seeking <input type="checkbox"/> Non-degree seeking		<input type="checkbox"/> Part time <input type="checkbox"/> Full time	Planned term of entrance to the university: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year
Anticipated degree: <input type="checkbox"/> M.A. <input type="checkbox"/> M.B.A./J.D. <input type="checkbox"/> M.S. <input type="checkbox"/> M.S. Math/Science Education <input type="checkbox"/> M.B.A. <input type="checkbox"/> M. Accountancy <input type="checkbox"/> M. Teaching Arts <input type="checkbox"/> Ph.D. <input type="checkbox"/> M. Energy Business <input type="checkbox"/> M.A./J.D. <input type="checkbox"/> M. Engineering (non-thesis) <input type="checkbox"/> Combined Bachelors/Masters <input type="checkbox"/> M.S. Finance <input type="checkbox"/> M.S./J.D. <input type="checkbox"/> M.S. Engineering (thesis) <input type="checkbox"/> Special Student Status <input type="checkbox"/> M.S. Finance/Applied Math <input type="checkbox"/> M.S. Finance/J.D. <input type="checkbox"/> Master of Fine Arts				
Anticipated Major			Anticipated Degree Date (Month/Year)	

How did you hear about this program?

Have you previously been enrolled in a TU graduate program?  Yes  No

