



## Application for Graduate Admission (Regular Degree)

Please complete this application and return it, with the application fee, to the Graduate Center, Shawnee State University (SSU), 940 Second Street, Portsmouth, Ohio 45662-4344. You should arrange to have your college transcript and results of the GRE (if applicable) sent to the address above. The registrar from your previous institution must forward an official college transcript to the Graduate Center at Shawnee State University. **All questions must be answered. If not applicable, answer N/A.**

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I. Former Name Month/Day/Year

Permanent Address: \_\_\_\_\_  
Street City State Zip

Local Address: \_\_\_\_\_

Permanent Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

I would like to receive text messages from Shawnee State University  Yes  No

College(s) Previously Attended:

1. \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_ Area of Study: \_\_\_\_\_

2. \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_ Area of Study: \_\_\_\_\_

3. \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Degree(s) Earned: \_\_\_\_\_ Area of Study: \_\_\_\_\_

I am pursuing a Regular Degree Graduate Program of Study in:

Master of Education:

Curriculum & Instruction

Intervention Specialist (K-12)

M.S. in Mathematics

Master of Occupational Therapy

Term/Year I plan to attend: \_\_\_\_\_

Housing/Living Arrangements:  Off-Campus Housing  On-Campus Housing

### Citizenship

Are you a U.S. citizen?  Yes  No

Resident Status for Past 12 Months:

Resident of Ohio

Resident of Kentucky: \_\_\_\_\_ County

Resident of another state

Dates you have lived in Ohio (you must choose one):

Birth to present  From (month/year) \_\_\_\_\_  To (month/year) \_\_\_\_\_  Never

**International Applicants Only:**

Name as it appears on passport: \_\_\_\_\_

City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Address of Permanent Legal Residence: \_\_\_\_\_

Country of Permanent Legal Residence: \_\_\_\_\_

Are you working with an Agency?  Yes  No Name of Agency: \_\_\_\_\_

Are you a transfer student?  Yes  No If so, are you currently in the USA?  Yes  No

Will you have dependents accompanying you to Shawnee State?  Yes  No

If so, please provide a valid passport copy for each individual dependent that will accompany you to the USA.

Have you ever been convicted of a crime where you were adjudged a sex offender?  Yes  No If so, year \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No If so, year \_\_\_\_\_

**Financially Dependent Students**

Name the person upon whom you are dependent for more than half of your financial support:

\_\_\_\_\_

First Name

M.I.

Last Name

Residence Address: \_\_\_\_\_

Number & Street (required)

City

State/Country

Zip

Phone (area code first)

**Voluntary Disclosure**

*The information requested below is used to report student and applicant demographic information to state and federal agencies. Your completion of this area is completely voluntary. This information will not be used for discriminatory purposes.\**

Have either of your parents received a 4-year college degree?

Yes  No

\* Shawnee State University does not discriminate in admission, access, or treatment in programs and activities or employment policies or practices on the basis of race, creed, sex, color, national or ethnic origin, religion, marital status, age, sexual orientation, or disability. Inquiries regarding Title IX may be directed to the Title IX coordinator, who is also the coordinator of special needs services, at 740.351.3276.

Gender:  Male  Female

Hispanic:  Yes  No

Race/Ethnic:  (1) Nonresident Alien

(Check only one)

(2) Race and Ethnicity unknown

(3) Hispanics of any race

*Non-Hispanics only:*

(4) American Indian or Alaska Native

(5) Asian

(6) Black or African American

(7) Native Hawaiian or other Pacific Islander

(8) White

(9) Two or more races

How did you hear about SSU? \_\_\_\_\_

I certify that the statements included in this application are accurate and true to the best of my knowledge. Any falsification of information may result in disciplinary action, including dismissal.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\$30.00 application fee submitted. (Make check payable to Shawnee State University)

\$50.00 International application fee submitted.

(Make check payable to SSU OR online at [https://www.peertransfer.com/school/shawnee.](https://www.peertransfer.com/school/shawnee))