



GRADUATE STUDENT APPLICATION FOR ADMISSION TO GRADUATE DEGREE PROGRAMS

Please complete all pages of the application to the best of your ability (PLEASE PRINT OR TYPE) attach non-refundable application fee of \$50.00 (Check or International Money Order payable to the University of Miami)

THIS APPLICATION SHOULD BE FORWARDED TO DEPARTMENT TO WHICH YOU ARE APPLYING

University of Miami Graduate School 1541 Brescia Ave. Coral Gables, FL 33124-3220 Telephone: 305-284-4154 FAX: 305-284-5441 E-Mail:graduateschool@miami.edu Web: http://www.miami.edu/grad

PERSONAL INFORMATION

Mr. Ms. Other Title: U.S. Social Security Number: (if available) :

Name: (As appears on Passport) Last Name First Name Middle Other Names Used

Current Address: Street and Number City State Zip Code

Permanent Address: Street and Number City State Zip Code

Telephone: (Daytime) Area Code Number (Evening) Area Code Number

Fax: Area Code Number Email

BIOGRAPHICAL INFORMATION

Date of Birth: Month Day Year Native Language:

Country of Birth: City of Birth:

Country of Citizenship: Passport Number:

*** This section is to be filled out by non-U.S. citizens ONLY. ***

Are you a U.S. permanent resident? No Yes Residency Pending

If you answered NO to the question above, you MUST respond to the following questions:

Do you presently have a visa? No Yes If yes, indicate type: Student (F-1) Other (specify)

What type of visa do you expect to hold while at the University of Miami? Student (F-1) Other (specify)

Keep in mind that individuals in tourist status may not engage in full-time studies in the United States.

EDUCATIONAL PLANS AND OBJECTIVES

Toward what graduate degree at the University of Miami do you intend to work?

What is your intended major Area of Concentration: (if applicable)

When do you wish to enter? Fall Semester (August) Year: 20 Spring Semester (January) Year: 20

1st Summer Session (May) Year: 20 2nd Summer Session (June) Year: 20

Will you attend: (Primarily) Day Classes Evening Classes Full Time Part Time

ADDITIONAL INFORMATION

Have you ever been disciplined by a student or faculty board for misconduct or have you ever been convicted of a crime? (other than for a traffic offense) Yes No If yes, explain on a separate sheet of paper.

Examination Record: List standardized graduate tests and when they were/will be taken

Have you ever attended the University of Miami? No Yes If yes, when:

Student Number: Under what name: (if applicable)

Have you ever applied for admission to any of the University of Miami graduate programs? No Yes If yes, when On a separate sheet,

- (a) Indicate any languages which you can read competently; (b) Give citations for any original work or investigation you have done, listing title, date, and place of publication (if applicable), including any books or contributions to periodicals; and, (c) Provide a Statement of Purpose. Please tell us about your goals and objectives in pursuing a graduate degree.

ACADEMIC HISTORY

Beginning with the most recent, list chronologically all colleges and universities attended, dates of attendance, major subject(s), and degree(s) received or expected, even if for one course. **No action on this application will be taken until official transcripts of all academic work are received.** You should immediately request that the registrar of each and every institution attended send official transcripts to the department to which you are applying.

	College or University	Location	Month and Year of Attendance
A.	_____	_____	_____, _____ to _____, _____
	Major(s) _____		Degree(s) _____
B.	_____	_____	_____, _____ to _____, _____
	Major(s) _____		Degree(s) _____
C.	_____	_____	_____, _____ to _____, _____
	Major(s) _____		Degree(s) _____

If necessary, continue on a separate sheet What was your undergraduate Grade Point Average (GPA)? _____

List all courses (titles and credits) in which you are currently enrolled or which you will complete before the date of admission: _____

RECOMMENDATION AND PROFESSIONAL INFORMATION

List the names and titles of individuals who will be sending letters of recommendation on your behalf.

- (1) _____
- (2) _____
- (3) _____

Indicate briefly your honors, academic or professional awards, fellowships, memberships and major activities. List history of your employment.

Name and address of current employer or firm: _____

Title and nature of position: _____

Please indicate level of proficiency and type of computer skill(s): _____

OPTIONAL INFORMATION

The following information is intended for use solely in connection with its voluntary or remedial efforts, is provided on a voluntary basis, will be kept confidential, will be used only in accordance with this provision, and refusal to provide this information will not subject the applicant to any adverse treatment.

How would you describe yourself? Please check one:

- Native American, Eskimo, or Aleut Black or African-American White, Caucasian, Non-Hispanic Asian or Pacific Islander

If Hispanic, please indicate:

- Cuban or Cuban-American Mexican/Chicano Latin American, Central or South American Puerto Rican Other: _____

CERTIFICATION OF ACCURACY AND TRUTH

I affirm that the information which I have provided on this application form, and any additional material that I submit related to the admission process, is complete, accurate, and true to the best of my knowledge. I authorize each school or college I have attended to release academic and personal information, as related to this admission application, upon request by the University of Miami. I agree to submit other materials which are required for this admission application. I further understand that my admission and subsequent registration may be cancelled if information is found to be false or intentionally omitted. In applying, I agree, if accepted, to familiarize myself with the rules and regulations of the University of Miami and the Graduate School, and to abide by them. If I enroll, I agree to abide by the University of Miami Graduate Student Honor Code, a document that prohibits dishonesty in all academic work.

Signature of Applicant _____

Date _____

APPLICATION FOR GRADUATE ASSISTANTSHIPS AND FELLOWSHIPS
University of Miami

This form is to be completed and returned directly to the Graduate Department to which you are applying and should not be mailed in advance of your admission application. The recommendations required of you in support of your admission application also serve to support your application for graduate assistantships and fellowships.

PLEASE PRINT OR TYPE:

1. U.S. Social Security Number (if available): _____

Mr.

2. Name: Ms. _____
Last Name First Name Middle Name

3. Address: _____
Street and Number

City State Country Zip Code

4. Application for Graduate Admission: Fall Semester (August) Year: _____
 Spring Semester (January)
 1st Summer Session (May)
 2nd Summer Session (June)

In the Department of: _____

5. From what other sources (savings, trust funds, government sponsorship, etc.) will you receive aid? Please specify amount:

6. List names and ages of dependents and their relationships to you: _____

7. What previous graduate fellowship aid have you received? From where? Please explain: _____

8. If awarded an assistantship, I would prefer work responsibilities in:
 teaching
 research
 other, please specify: _____

The above information is true and correct: _____
Signature

Date

APPLICATION FOR AID MUST BE MADE PRIOR TO JANUARY 1

The deadline for consideration for the University of Miami Fellowship is January 1st. Please check with your department for additional deadlines.

**RECOMMENDATION FORM FOR GRADUATE ADMISSION
UNIVERSITY OF MIAMI**

Note: You are required to submit 3 letters of recommendation.

This form is to be completed and returned directly to the Graduate Department to which the applicant is applying. If the applicant is applying for assistantships and University of Miami fellowships, this form must be received by **January 1st**.

Name of Candidate: _____

Last Name

First Name

Middle Name

U.S. Social Security Number (if available): _____ Undergraduate Major: _____

University Attended: _____ Desired Graduate Major: _____

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974 to this letter of evaluation respecting my application for graduate admission to the University of Miami.

Signature

Date

Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

THE CANDIDATE MUST FILL OUT THE BLANKS ABOVE

1. Applicant's promise for graduate study and research:

(excellent, good, fair, poor)

2. The applicant ranks in the _____ quarter of the graduating class of _____ students.
(highest, 2nd, 3rd, lowest) (number)

3. I have known the applicant for _____ years as _____
I have known the applicant: well slightly

4. Do the applicant's grades indicate probable success in the graduate program selected? _____
If not, please explain: _____

5. Please state your evaluation of the candidate briefly below. We are interested in character, industry, ability, originality, and other personal qualities.
Continue on a separate sheet if necessary. _____

6. Summary evaluation of overall academic ability: Comparing the applicant with a representative group of students in the same field who have had approximately the same amount of experience and training. How do you rate the applicant in GENERAL ACADEMIC ABILITY AND APTITUDE FOR RESEARCH?

BELOW AVERAGE	AVERAGE	SOMEWHAT ABOVE AVERAGE	GOOD	UNUSUAL	OUT-STANDING	TRULY EXCEPTIONAL	INADEQUATE OPPORTUNITY TO OBSERVE
Lowest 40%	Middle 20%	Next 15%	Highest 15%	Highest 10%			

NAME (PRINT)

POSITION

DATE

SIGNATURE

INSTITUTION

This form is to be completed and returned directly to the Graduate Department to which the applicant is applying. If the applicant is applying for an assistantship and University of Miami fellowship, this form must be received by **January 1st**.