

Instructions:

- Type or print legibly using dark blue or black ink.
- Enclose the \$75.00 application fee by check or money order made payable to "Temple University."
- Mail directly to the appropriate department/program.

Temple University requests your Social Security number (SSN) because federal, state, and local law require the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11).

1. Social Security Number _____ - _____ - _____ 2. Country of Citizenship _____

3. Full Legal Name _____
LAST/SURNAME/FAMILY NAME FIRST MIDDLE INITIAL4. Prior Name(s) Used (if any) _____ 5. Date of Birth* _____
MONTH/DAY/YEAR6. Gender* Male Female 7. Ethnicity* a. What is your ethnicity? Hispanic/Latino Not Hispanic/Latino
b. Indicate the race(s) you consider yourself: American Indian or Alaskan Native Asian
 Black or African American Native Hawaiian or Other Pacific Islander White

* Provision of this information is voluntary and will not affect consideration of application. Responses are solely for assessing compliance with civil rights laws.

8. Permanent Home Address _____
NUMBER & STREET CITY
/ / /
COUNTY PENNSYLVANIA COUNTY CODE (see p. 2) STATE ZIP CODE
()
COUNTRY HOME TELEPHONE NUMBER E-MAIL9. Current Mailing Address (if different from permanent) _____
NUMBER & STREET CITY
/ / /
COUNTY PENNSYLVANIA COUNTY CODE (see p. 2) STATE ZIP CODE
() () ()
COUNTRY HOME TELEPHONE NUMBER BUSINESS TELEPHONE NUMBER CELL PHONE NUMBER

10. Chronological List of ALL Colleges and Universities Attended, including Temple University

NAME	LOCATION	MAJOR	DATES ATTENDED (month/year – month/year)	DEGREE AWARDED
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

11. Semester Applying for: Fall Spring Summer Year _____

12. Program (See "List of Degrees & Programs" online.) _____ 13. Degree Sought _____

14. Campus _____ 15. Attendance Full-time (9 credit hours or more per semester) Day
 Part-time (fewer than 9 credit hours per semester) Evening16. Have you previously applied to Temple? Undergraduate Yes No Graduate Yes No

17. Date on Which You Took/Will Take the Required Standardized Examination(s)

GRE _____ / _____ / _____ GMAT _____ / _____ / _____ MAT _____ / _____ / _____ TOEFL _____ / _____ / _____

18. a. Were you ever found responsible for a disciplinary violation at any college or university you attended, whether related to academic or behavioral misconduct, that resulted in your probation, suspension, or dismissal from that institution? Yes Nob. Have you ever been convicted of a felony? Yes No

c. If you answered "Yes" to either "a" or "b," please provide an explanation of the incident(s), including date(s) and terms of resolution, such as fine, suspension, probation, etc.

19. **Identification of Evaluators Providing References** (if required)

NAME	TITLE	AFFILIATION	TELEPHONE	E-MAIL

20. **Work Experience** (Include teaching, industrial, business, or other professional experience. Resume is optional.)

COMPANY	POSITION	DATES OF EMPLOYMENT (month/year – month/year)	LOCATION	TELEPHONE

21. **Activities in Professional, Community, and Collegiate Organizations**

22. **Publications, Theses, Awards, and Creative Work**

23. **Statement of Professional Plans and Goals** (Required of ALL Applicants): On a separate sheet of 8½" x 11" paper, indicate your special interests within the discipline. Please note that the quality of your statement may be critically important for successful admission and a financial aid award.

24. **Statement of Exceptional Circumstances** (Optional): On a separate sheet of 8½" x 11" paper, present any personal information that may assist the admissions committee in interpreting and evaluating your academic history and/or your academic credentials.

25. **Statement of Residence** (Required of ALL Applicants)

Temple University reserves the right to request documentation in support of your claim of residency.

Country of Citizenship _____ Native Language _____

U.S. Permanent Resident? Yes No Type of U.S. Visa (if alien): F1 J1 Other _____

U.S. State of Legal Residence _____ County _____

If you claim Pennsylvania residency, will you have resided in Pennsylvania for 12 consecutive months preceding entry into Temple? Yes No

If you claim Pennsylvania residency, have you been a student at any time during the past 12 months? Yes No

If yes, what school, college, or university did you attend and where? _____

If currently in military service, are you assigned to active duty at a military installation in Pennsylvania? Yes No

If you are related to a military person assigned to active duty in Pennsylvania, indicate whether you are a: Spouse Dependent

If you are a veteran and would like to receive information on support services for veterans, please check this box:

I am now, and have been since, _____ a legal resident of the state of _____.

MONTH/YEAR

ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING STATEMENT:

I understand that Temple University admissions personnel will have access to my Temple University student record and that withholding requested information or giving false information will make me ineligible for admission to the University and subject to dismissal if admitted. With this in mind, I certify that the above statements are correct and complete and, if admitted, I agree to abide by the published policies, rules, and regulations of Temple University. I further understand that from the time I file my application with the Graduate School, it is my responsibility to know all of the rules, requirements, and exemptions for my intended degree program. In the event that I am not admitted into the degree program for which I hereby apply, I understand that I will not be entitled to any tuition refund for any courses taken while my application was under consideration.

Signature _____ Date _____