KENTUC	KY STATE UNIVERSITY		OFFICE USE ONLY:	Form Rev 3-14-2005
KENTUCKY Office of Gra	duate Studies, graduatestudies@kysu.e	edu; 502-597-4723	Date Processed:	By:
UNVERSITY Application	on for Admission to Gradu	ate Studies		
1. Full Legal Name	:			
	LAST	FIRST	MIDDLE/MAIDEN	
2. Social Security N	umber/Identification Number	(if available):		_
3. Addresses:				
Current/Local				
	Number and Street	City	County State/Pro	vince Zip Code//Country
Permanent				
	Number and Street	City	County State/Pro	vince Zip Code//Country
4. Telephone:				
	Home	Work	Cell	
5. E-mail:				
(Citizenshire, Citi		VICA There a		
6. Citizenship: Citi		VISA Type: Alien Registration Number:		
7 Pasidanaw Isk	Kentucky your state of legal resider		ong have you resided	
-				III Kentucky:
	le Efemale b. Ethnicity: Islander Black/African Ameri			Other
	l not be used in making admission decision			
9. Date of Birth:	(MM/DD/YYYY)	Place of Birth:		
	(MM/DD/YYYY)	Place of Birth: City, County, State/P	rovince, Country	
	Non-Veteran Veteran			
	ortant for reporting and financial aid purp		-	
	story: (Most recent/current emplo			
the program to which	you are applying.) Does your cur	rent employer offer tuttion assi		INO
Employer		Address	From/To	Supervisor
	tory: (Attach supplemental pages	if needed.)		
College		Address	From/To	Degree
13. Anticipated Enr	ollment Term: Year:	Fall (August	i) Spring (January	y) Summer (June)
14. Program and De	egree Status: Non-degree see	king Degree seeking Select	one program for admissio	n:
		Masters of Science in Compute	8	У
	f Public Administration Arts in Special Education	Masters of Business Administr Masters in Environmental Studies	ation	
	-		r	
15. Tests:		Scores:		Yes No
	GMAT Date:	Score:	Sent to KSU?	Yes No
		Score:		Yes No
	plete and submit the supplementa ange to have official college transc			
	aduate Studies	- , 11		

Office of Graduate Studies Kentucky State University Frankfort, Kentucky 40601–USA

A non-refundable application fee must either accompany this form or be paid through the KSU Bursar (it can be paid online). Consult the current Fee Schedule for the appropriate amount.

ENTUCKY STATE Diffice of C	JCKY STATE UNIVERSITY Graduate Studies, graduatestudies@kysu.edu; 502-597-4723 ment Page for	OFFICE USE ONLY: Date Processed:	Form Rev 3-14-2005
	ation for Admission to Graduate Studies		
Name:	FIRST		

17. References: List name, title, address, phone, and e-mail of individuals providing a reference for your graduate application.

	LAST	FIRST		Title/Position	
Address:	Number and Street	City	County	State/Province	Zip Code//Country
Telephone:		E-mail:			
Ref 2: Name:	LAST	FIRST		Title/Position	
	LAST	FIKSI		litie/Position	
Address:	Number and Street	City	County	State/Province	Zip Code//Country
Telephone:		E-mail:			
Ref 3: Name:	LAST	FIRST		Title/Position	
	LAST	FIKSI		litie/Position	
Address:	Number and Street	City	County	State/Province	Zip Code//Country
Telephone:		E-mail:			

Address:				_	
	Number and Street	City	County	State/Province	Zip Code//Country
Telephone:		E-mail:			
•					

19. Additional Employment History: This may be required by the program to which you are applying, please consult the instructions. (Begin with most recent employer; attach resume or additional pages for complete history.)

Employer	Address	From/To	Supervisor
Employer	Address	From/To	Supervisor
Employer	Address	From/To	Supervisor
Employer	Address	From/To	Supervisor

I understand that withholding information or giving false information on this application will result in ineligibility for admission to Kentucky State University. I certify that the above information is true, accurate, and complete.

Signature: ____

Date:



Office of Graduate Studies, graduatestudies@kysu.edu; 502-597-4723

Application for Admission to Graduate Studies

Personal Essay/Statement of Goals and Career Objectives

By:

OFFICE USE ONLY:

Date Processed:

Name: ______

FIRST

Social Security Number/Identification Number (if available):

Instructions: Please refer to the specific instructions for the program to which you are applying. Then provide your **personal essay** or **statement of goals and career objectives**, whichever is appropriate.

This PDF form allows you to type in the space below. You may attach a printed, typewritten copy instead. Please submit a typed copy.

Signature: ____

Office of Graduate Studies, graduatestudies@kysu.edu; 502-597-4723 **Application for Admission to Graduate Studies**

Transcript Request Form

Full Legal Name:				
	LAST	FIRST	MIDDLE/MAIDEN	
Social Security Nu	mber/Identification Nun	nber (if available):		
Addresses:				
Current/Local				
	Number and Street	City	County State/Province	Zip Code//Country
Permanent				
	Number and Street	City	County State/Province	Zip Code//Country
Telephone:				
	Home	Work	Cell	
Signature:			Date:	
		Transcript Request For	m	
	Please complete this form t Kentucky State University.	to the Registrar of each college or t	university you have attended. Requ	uest that an official
Dates of Attendance		Degree:		Date
	From/To			Date

To the Registrar: The person identified above is applying for admission to graduate studies at Kentucky State University. Please send an official copy of the individual's transcript to:

Office of Graduate Studies Kentucky State University Frankfort, Kentucky 40601-USA

Please include a signed copy of this form with the transcript.

Thank you.

Registrar Signature:	 Date:
Printed Name:	
School Name: _	

It is the policy of Kentucky State University not to discriminate against any individual in its educational programs, activities, or employment on the basis of race, color, national origin, gender disability, veteran status, age, religion, sexual orientation, or marital status.

Date Processed:

Form Rev 3-14-2005



Office of Graduate Studies, graduatestudies@kysu.edu; 502-597-4723

Application for Admission to Graduate Studies

Recommendation for Graduate Studies Form Reference 1

OFFICE USE ONLY:

Date Processed:

Form Rev 3-14-2005

By:_____

	LAST	FIRST	MIDDLE/I	MAIDEN	
Address:	Number and Street	City	County	State/Province	Zip Code//Country
Telephone:					
	Home	Work	Cell		
am applying for		Work	Cell		
	admission to	Work nain confidential, and I waiv		e my right to	view it.

are welcome to attach a letter addressing any aspect of this person's experience or preparation that relates to the likelihood person's success in graduate studies. Please send this form and any additional comments to:

Office of Graduate Studies Kentucky State University Frankfort, Kentucky 40601–USA

Rate the applicant from 1 to 5, where $1 =$ superior, highly qualified for graduate studies; and $5 =$ needs improvement in order to advance to the next level	1	2	3	4	5	No Basis
Intellectual ability						
Writing ability						
Speaking ability						
Quantitative ability						
Interpersonal skills						
Ability to work independently						

Place a check beside the one of the following:

I strongly recommend this candidate

I recommend this candidate

I recommend this candidate with reservations

I do not recommend this candidate

Attach any comments to this form.



Office of Graduate Studies, graduatestudies@kysu.edu; 502-597-4723

Application for Admission to Graduate Studies

Recommendation for Graduate Studies Form Reference 2

OFFICE USE ONLY:

Date Processed:

Form Rev 3-14-2005

_____By:______

	LAST	FIRST	MIDDLE	MAIDEN	
Address:					<u> </u>
	Number and Street	City	County	State/Province	Zip Code//Country
Telephone:					
	Home	Work	Cell		
agree that this	recommendation will rer	nain confidential, and I waiv	ve / 🗌 do not waiv	e my right to	view it.
agree that this	recommendation will rer	main confidential, and I waiv	ve / 🗌 do not waiv	e my right to	view it.
l agree that this	recommendation will rer	main confidential, and I waiv	ve / 🗌 do not waiv	e my right to	view it.
Signature: The person name are welcome to a	ed above is applying for adm ttach a letter addressing any	main confidential, and I waiv	Date: ncky State University. or preparation that rel	Please comple	te this form. Y
Signature: The person name are welcome to a person's success	ed above is applying for adm ttach a letter addressing any in graduate studies. Please s	ission to graduate studies at Kentu aspect of this person's experience	Date: ncky State University. or preparation that rel	Please comple	te this form. Y
Signature: The person name are welcome to a person's success Office of G1	ed above is applying for adm ttach a letter addressing any	ission to graduate studies at Kentu aspect of this person's experience	Date: ncky State University. or preparation that rel	Please comple	te this form. Y

Rate the applicant from 1 to 5, where $1 =$ superior, highly qualified for graduate studies; and $5 =$ needs improvement in order to advance to the next level	1	2	3	4	5	No Basis
Intellectual ability						
Writing ability						
Speaking ability						
Quantitative ability						
Interpersonal skills						
Ability to work independently						

Place a check beside the one of the following:

I strongly recommend this candidate

I recommend this candidate

I recommend this candidate with reservations

I do not recommend this candidate

Attach any comments to this form.

 Signature:

 Printed Name:

 School Name:

 E-mail:



Office of Graduate Studies, graduatestudies@kysu.edu; 502-597-4723

Application for Admission to Graduate Studies

Recommendation for Graduate Studies Form Reference 3

OFFICE USE ONLY:

Date Processed:

Form Rev 3-14-2005

_By:____

	LAST	FIRST	MIDDLE/MAIDEN
ddress:			
	Number and Street	City	County State/Province Zip Code//Count
elephone:			
	Home	Work	Cell
im applying f	for admission to		
agree that th	nis recommendation will ren	nain confidential, and I waiv	ve / do not waive my right to view it.
ignature:			Date:

The person named above is applying for admission to graduate studies at Kentucky State University. Please complete this form. You are welcome to attach a letter addressing any aspect of this person's experience or preparation that relates to the likelihood of the person's success in graduate studies. Please send this form and any additional comments to:

Office of Graduate Studies Kentucky State University Frankfort, Kentucky 40601–USA

	Rate the applicant from 1 to 5, where $1 =$ superior, highly qualified for graduate studies; and $5 =$ needs improvement in order to advance to the next level	1	2	3	4	5	No Basis	
	Intellectual ability							
	Writing ability							
	Speaking ability							
	Quantitative ability							
	Interpersonal skills							
	Ability to work independently							
Place a check beside the one of the following:		I strongly recommend this candidate I recommend this candidate I recommend this candidate with reservations I do not recommend this candidate						
Attach af	ny comments to this form.							
Signature:					Date:			

Signature:	Date:
Printed Name:	Title:
School Name:	Telephone:
E-mail:	

KENTUCKY STATE

KENTUCKY STATE UNIVERSITY

Office of Graduate Studies, graduatestudies@kysu.edu; 502-597-4723

Application for Admission to Graduate Studies

Supervisor's Recommendation for Graduate Studies Form

ull Legal Na	LAST	FIRST	MIDDLE/N	MAIDEN	
ddress:					<u> </u>
	Number and Street	City	County	State/Province	Zip Code//Country
elephone:					
	Home	Work	Cell		
m applying fo	or admission to				·
agree that th	is recommendation will ren	nain confidential, and I waiv	e / 🗌 do not waive	e my right to	view it.
gnature:			Date:		

The person named above is applying for admission to graduate studies at Kentucky State University. Please verify the full-time professional position occupied by this applicant with an evaluation of knowledge, job skills, leadership ability, and your recommendation for pursuing advanced studies at Kentucky State University. You are welcome to attach a letter addressing any aspect of this person's experience or preparation that relates to the likelihood of the person's success in graduate studies. Please send this form and any additional comments to:

Office of Graduate Studies Kentucky State University Frankfort, Kentucky 40601–USA

Attach any additional comments to this form.

Signature:	Date:
Printed Name:	Title:
Employer Name:	Telephone:
· · ·	

OFFICE USE ONLY:

Date Processed:

Ву:_____

Form Rev 3-14-2005

KENTUCKY STATE UNIVERSITY Office of Graduate Studies, graduatestudies@kysu.edu; 502- Application for Admission to Graduate Stu Applicant Checklist Use this checklist to keep track of your application	OFFICE USE ONLY: Date Processed:	By:	Form Rev 3-14-2005		
Items you submit to KSU:					
Main Application Page and Supplement Page:	□ Completed □ Submitted				
Essay / Statement of Goals and Career Objectives:	□ Completed □ Submitted				
Resume (If required by program):	□ Completed □ Submitted				
Application Fee:	□ Submitted				
* For International student applicants:					
International Application Fee:	□ Submitted				
International Applicant Supplement Page:	\Box Completed \Box Su	bmitted			
Deposit for International students:	□ Submitted				
Verification of financial support form:					
Items you ask others to submit to KSU:					

Transcript Request form(s)			□ Completed □ Submitted		
Graduate letter and reference form requested			□ Completed □ Submitted		
First refere	ence:	\Box Request Sent to Referee; \Box	Follow-Up; Sent by Referee to KSU		
Second ref	erence:	\Box Request Sent to Referee; \Box	Follow-Up; Sent by Referee to KSU		
Third refer	Third reference: \Box Request Sent to Referee; \Box Follow-Up; \Box Sent by Referee to KSU				
Supervisor Recommendation: \Box Request Sent to Supervisor; \Box Sent by Supervisor to KSU					
Tests:	```	If required): [(If required):	□ Completed □ Completed		
★ For Interm	atio nal	student applicants:			
International T Tests:	-	ot Evaluation Service: L (If required):	□ Submitted □ Completed		
~ . ~					

Good Luck!