| 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:

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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.

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Application for Admission to Graduate Studies

Recommendation for Graduate Studies Form Reference 1

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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.



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Application for Admission to Graduate Studies

Recommendation for Graduate Studies Form Reference 2

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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!