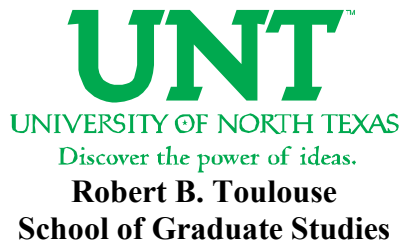


Return this form to:

University of North Texas
School of Graduate Studies
Admission Section
1155 Union Circle #305459
Denton, TX 76203-5017
(940) 565-2636 ■ Fax (940) 565-2141



Please indicate the semester and year for which the concurrent application is sought (check one semester only)

___ Fall 20___
___ Spring 20___
___ May Mini-mester 20___
___ Summer I 20___
___ Summer II 20___

Application for Concurrent Graduate Academic Certificate Programs

In order to file this form, you must be **currently enrolled or have an active application for admission on file with the Toulouse School of Graduate Studies**. Consult the current issue of the UNT Graduate Catalog and the department concerning deadlines and requirements for admission to individual Graduate Academic Certificates.

PLEASE NOTE: Students must be in good academic standing to submit a request for admission to a concurrent GACT program. Students on academic probation/suspension may not request admission to additional programs.

(Last Name) (First Name) (Other Names)

UNT ID No. _____ Telephone _____
(Area Code) (Number)

Current address _____
(Street No.) (City) (State) (Zip)

Birth _____ / _____ / _____ E-mail _____
(Month) / (Day) / (Year) (State or Country of birth)

Present citizenship _____

Are you currently enrolled at UNT? _____ If not, when last enrolled _____

What is your current program of study? _____

I am applying for the Graduate Academic Certificate in: (Please complete **one** form for **each** certificate you seek.)

Graduate Academic Certificate in _____

Degrees now held: _____

*Have official standardized admission test scores (GRE, GMAT, etc) been sent to UNT? () Yes () No

If yes, date of exam: _____

*Some Graduate Academic Certificates require admission test scores. Please consult with the individual GACT program for admission requirements. General requirements for admission to a GACT may be found in the catalog.

I CERTIFY that the information furnished on this application is correct to the best of my knowledge.

(Date) (Applicant's Signature)