



# Minot State UNIVERSITY

## Graduate School

## APPLICATION CHECKLIST

Do you have the following?

- Completed Application form
- Statement of Purpose
- Immunization Records (if applicable)
- Transcripts
- Application Fee
- Letters of Recommendation
- Test scores (if required)
- Other material required by department
- Are you submitting your application on time?

Place all material into one packet and send to:

**Graduate School  
Minot State University  
500 University Ave West  
Minot, ND 58707**



# Minot State UNIVERSITY

## Graduate School

## GRADUATE SCHOOL APPLICATION

### Graduate School deadlines for receipt of all application materials:

- Communication Disorders: **February 15**
- Education Specialist in School Psychology: **March 15**
- Criminal Justice: **April 15** for fall term and **November 15** for spring term
- Master of Science in Management: **April 15**
- Information Systems: **June 1** for fall term and **November 1** for spring term
- Admission deadline for all Special Education programs: **April 15** for summer term; **July 15** for fall term and November 15 for spring term with the exception of Deaf Education which is **Feb. 15** for fall term.
- Master of Music Education: **open**
- Master of Education: **April 15** for summer term; **July 15** for fall term and November 15 for spring term
- Master of Arts in Teaching Math: **April 15**
- Master of Arts in Teaching Science: **April 15**

In order to allow for sufficient time for processing, applications for all other programs must be received **six weeks** prior to the term you wish to enroll.

All application materials must be submitted to:  
**Graduate School, Minot State University**  
**500 University Avenue West**  
**Minot, ND 58707**

Upon receipt of **ALL** required material, the application will be forwarded to the appropriate academic department for review. It should be understood that admission policies presented are minimum standards and each department may have established additional criteria. Please see the Graduate Catalog for the additional criteria needed. **Materials submitted in connection with this application will not be returned to the applicant.** Failure to provide information requested or falsification of any information on this application will make your admission subject to immediate termination.

### PLEASE TYPE OR PRINT LEGIBLY

Date of Application \_\_\_\_\_ SSN/SSI \_\_\_\_\_ Student ID \_\_\_\_\_

Legal Name: \_\_\_\_\_  
 Last First Middle Former Names (if applicable)

Address: \_\_\_\_\_  
 Number and Street City County State/Province Zip/Postal Code

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Ethnic Origin

a. Are you Hispanic/Latino?  yes  no

Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

b. Select one or more races:

- American Indian or Alaska native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Are you a North Dakota Resident?  Yes  No      Are you a U.S. Citizen?  Yes  No

If no, of what country are you a citizen? \_\_\_\_\_

If you are not a U.S. Citizen, are you a permanent resident?  Yes  No

If **yes**, give alien registration number \_\_\_\_\_

Please check only **ONE** of the programs to which you're applying for:

<input type="checkbox"/>	Education Specialist in School Psychology
<input type="checkbox"/>	Master of Arts in Teaching: Mathematics
<input type="checkbox"/>	Master of Arts in Teaching: Science
<input type="checkbox"/>	Master of Education
<input type="checkbox"/>	Master of Education, Art Concentration
<input type="checkbox"/>	Master of Education, Business Concentration
<input type="checkbox"/>	Master of Education, Elementary Concentration
<input type="checkbox"/>	Master of Education, Elementary/Middle School Mathematics
<input type="checkbox"/>	Master of Education, English Concentration
<input type="checkbox"/>	Master of Education, Gifted and Talented Concentration
<input type="checkbox"/>	Master of Education, Human Performance and Physical Education Concentration
<input type="checkbox"/>	Master of Education, Kindergarten Concentration
<input type="checkbox"/>	Master of Education, Middle School Concentration
<input type="checkbox"/>	Master of Education, Reading Concentration
<input type="checkbox"/>	Master of Education, Science Concentration
<input type="checkbox"/>	Master of Education, Special Education Concentration
<input type="checkbox"/>	Master of Music Education
<input type="checkbox"/>	Master of Science in Communication Disorders
<input type="checkbox"/>	Master of Science in Criminal Justice
<input type="checkbox"/>	Master of Science in Information Systems
<input type="checkbox"/>	Master of Science in Management
<input type="checkbox"/>	Master of Science in Special Education, Early Childhood
<input type="checkbox"/>	Master of Science in Special Education, Deaf or Hard of Hearing
<input type="checkbox"/>	Master of Science in Special Education, Learning Disabilities
<input type="checkbox"/>	Master of Science in Special Education, Severe Multiple Handicaps
<input type="checkbox"/>	Master of Science in Special Education, Strategist
<input type="checkbox"/>	Certificate, Knowledge Management

What year do you plan to attend \_\_\_\_\_ (check only one)  Fall  Spring  Summer

Do you plan to pursue your degree: (check only one)  Full-time  Part-time  Summer Only

**A non-refundable \$35.00 application fee MUST accompany this application.**

Please list chronologically **all** colleges and universities you have attended. (Add another sheet if necessary.)

Institution	Location (City/State/Province)	Dates of Attendance	Major/Degree Earned
_____	_____	/ ____ through ____ / _____	_____
_____	_____	/ ____ through ____ / _____	_____
_____	_____	/ ____ through ____ / _____	_____

I certify that all statements in this application are complete and true.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date