

KENT STATE UNIVERSITY

COLLEGE AND GRADUATE SCHOOL OF EDUCATION, HEALTH, AND HUMAN SERVICES

Kent State University
Office of Graduate Student Services
150 Terrace Dr. Room 418 White Hall
Kent, OH 44242-0001
Phone: (330) 672-2576 Fax: (330) 672-9162
Internet: http://www.ehhs.kent.edu/offices/OGS/

GRADUATE APPLICATION FOR ADMISSION

Probable Enrollment

Date \_\_\_\_/\_\_\_\_/\_\_\_\_
Term Year

Please Type or Print

Guest Admission (Available to applicants who are new to graduate study at KSU. Admission limited to 6 attempted hours. Will not be processed and student will not be admitted until one month before the semester starts. NO FEE OR TRANSCRIPTS REQUIRED).

Re-Application Admission (Admission good for 6 years. For students who have a master's degree from the College of Education at Kent State University only. NO FEE OR TRANSCRIPTS REQUIRED).

Non-Degree Admission (Admission good for 6 years. One official transcript from the university posting your most recent degree are required. \$30 APPLICATION FEE IS REQUIRED, make check or money order out to Kent State University). This application CAN NOT be used for students seeking an initial licensure. For Certified teachers taking courses for an additional license, please check the license you are pursuing on other side.

Social Security Number \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_
Female \_\_\_\_\_

Name \_\_\_\_\_
(Last) (First) (Middle) (Previous last names)

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long at above address? years \_\_\_\_ months \_\_\_\_ Have you lived in Ohio for the past 12 months? \_\_\_\_\_

Are you a full-time University employee of Kent State University? \_\_\_\_\_

Are you the spouse or dependent of a full-time Kent State University employee? \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_
Zip \_\_\_\_\_

Country of Citizenship \_\_\_\_\_ If you are a foreign visa holder, you must apply for graduate school through the International Admissions Office, 106 Van Campen Hall.

Race/Ethnic Data: (Your response is very important to the University affirmative action program.)

- \_\_\_ Black, Non-Hispanic \_\_\_ Hispanic \_\_\_ Asian or Pacific Islander
\_\_\_ American Indian or Alaskan \_\_\_ Caucasian, non-Hispanic \_\_\_ Foreign Visa Holder

All Colleges and Universities Attended

Table with 6 columns: Name of Institution, Location City, State, From MM/YY, To MM/YY, Approx. # of Hours (grad/undergrad), Degree and date received. Includes rows 1), 2), 3).

Undergraduate Major \_\_\_\_\_ Minor \_\_\_\_\_ If graduate degree holder, list major \_\_\_\_\_

(over please)

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Present Employer \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Other Experience in the past five years:

Company or Institution	Address: City/State	Dates	Position

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**Are you seeking initial licensure?**  Yes  No

*If answering YES, please STOP and contact the Office of Graduate Student Services at 330-672-2576*

**Are you seeking additional licensure?**  Yes  No

*If answering NO, please help us to better serve you by letting us know why you are taking classes as a Non-Degree student in an attached statement.*

**Do you currently hold a license/certification to teach in the state of Ohio?**  Yes  No

**If you are seeking licensure, please check the license you will be pursuing.**

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|---|--|
| <input type="checkbox"/> Administrative Specialist                        | <input type="checkbox"/> Library/Media   |
| <input type="checkbox"/> Educational Research                             | <input type="checkbox"/> Mild Moderate Education Needs (K-12)                                |
| <input type="checkbox"/> Educational Staff Personnel Administrator        | <input type="checkbox"/> Moderate Intensive Education Needs (K-12)                           |
| <input type="checkbox"/> Curriculum, Instruction & Profession Development | <input type="checkbox"/> Pre Kindergarten  |
| <input type="checkbox"/> Pupil Services Administration                    | <input type="checkbox"/> Pre Kindergarten Special Needs                                      |
| <input type="checkbox"/> School Community Relations                       | <input type="checkbox"/> Principal (PK- 6)   |
| <input type="checkbox"/> Vocational Education Administration              | <input type="checkbox"/> Principal (4-9)   |
| <input type="checkbox"/> Career Based Intervention                        | <input type="checkbox"/> Principal (5-12)  |
| <input type="checkbox"/> Career Technical Intervention                    | <input type="checkbox"/> Reading   |
| <input type="checkbox"/> Computer/Technology                              | <input type="checkbox"/> Superintendent  |
| <input type="checkbox"/> Early Childhood Intervention Specialist          | <input type="checkbox"/> TESOL (Teaching English to speakers of other Languages)             |
| <input type="checkbox"/> Gifted (K-12)                                    | <input type="checkbox"/> Transition to Work (Intervention Specialist License or Career Tech) |
| <input type="checkbox"/> Hearing Impaired (PK-12)                         |  |
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**Read the following information carefully. A signature is required to complete this application.**

- I attest that the information contained herein is, to the best of my knowledge, complete and accurate. Falsification of information is grounds for denial of admission and/or dismissal.
- Non-degree status does not constitute admission to a degree program
- My enrollment in some courses may be prohibited by this status.
- A maximum of 12 hours of credit elected under this status may be considered (with the consent of a program advisor) for inclusion in a degree program to which I am later admitted.

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

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