

ATTACH CHECK FOR NON-REFUNDABLE
APPLICATION PROCESSING FEE OF \$20.00

APPLICATION FOR ADMISSION TO A GRADUATE PROGRAM
THE FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY
OFFICE OF ADMISSION

Applying for Admission	
Fall - Aug.	20__
Spring - Jan.	20__
Summer	
May	20__
June	20__

Tallahassee, Florida 32307

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SOCIAL SECURITY NUMBER

To be sure of consideration for admission, applications
must be received one month prior to registration.

SEX	
() Male	() Female

Please read carefully before completing application

GRADUATE DEGREE-SEEKING students shall be required to meet the following standards:

A. At least one of the following:

1. A "B" average or better for the last 60 semester hours (or equivalent) of undergraduate work attempted and;
2. A combined score (verbal and quantitative) of 1000 or better on the Graduate Record Examination or a minimum score of 400 on the Graduate Management Admission Test.

B. Undergraduate grade transcript and GRE/GMAT scores.

While an extremely small number of applicants who are deficient in the aforementioned criteria may be admitted provisionally, applicants should be cognizant that admission to Graduate Studies is primarily determined by their ability to fulfill the above requirements. (Check with the appropriate college/school)

Students not wishing to pursue a degree or those denied and not meeting the requirements for admission to the Graduate Program, may attend FAMU under the non-degree seeking POST-BACCALAUREATE classification. Individuals admitted in this category may enroll in graduate courses subject to availability of class space and approval of the college/school concerned.

The applicant must arrange to have OFFICIAL transcripts of his/her academic record from each college or university attended (exception- Post-Baccalaureate students need a transcript(s) of Bachelor's degree). Transcripts in the possession of applicants are not acceptable as OFFICIAL.

It is the applicant's responsibility to make arrangements to take the Graduate Record Examination (GRE), the Graduate Management Admission Test (GMAT), and the Educational Testing Service will mail the official test results directly to the Admissions Office. Foreign applicants whose native language is not English must also take the Test of English as a Foreign Language (TOEFL) and have their scores submitted by the Educational Testing Service. The Graduate Management Admission Test is required for admission into the School of Business and Industry.

Health records are required of students carrying 6 semester hours or more (considered as full-time for fee purposes). Therefore, if you indicate full-time (6 S/H) on your application, a Medical Record Form will be mailed to you. The completed Medical Record Form should be sent directly to the Student Health Clinic Office.

Questions regarding Housing and/or Financial Aid should be directed to the appropriate office.

ALL NECESSARY CREDENTIALS MUST BE ON FILE BEFORE ADMISSION WILL BE CONSIDERED.
APPLICANT MUST SUBMIT RESULTS OF GRE REGARDLESS OF SCORES.

IMPORTANT: INCOMPLETE FORMS WILL BE RETURNED WITHOUT PROCESSING. PLEASE PRINT IN INK.

1. This application is for enrollment as: Former student RETURNING (no application fee required)
 Graduate (Master's Degree) ONE TERM enrollment only for transfer credit (TRANSIENT)
 Post Baccalaureate (Non-Degree) OTHER (Specify): _____

2. Enter your Social Security Number. This will be your official Student Number. |_____| |_____| |_____|
 If you do not have a Social Security Number, obtain yours from the nearest Social Security Office prior to filing this application.

3. Exact legal name.

Mr. _____
 Mrs. _____
 Miss _____ (Last) (First) (Middle) (Maiden, if any)

Please reprint your name, last name first, one letter to a block, one block between names. Fill in as much of your name as possible, as you wish it to appear in University records.

4. Nation of citizenship _____ 5. Birthdate (Use Numbers) _____ 6. Age _____ 7. Sex Male Female

8. Ethnic Origin
 White American Indian or Alaskan Native Asian or Pacific Islander Other (Specify) _____
 Hispanic Black (not Hispanic origin)

Required by U.S. Department of H.E.W. under Title VI of the Civil Rights Acts

9. Marital status Single Widowed Married Legally Separated Divorced
 10. Please indicate your religious preference. If you wish to have the appropriate campus organization advised of your preference.

11. Present mailing address Phone: Area code _____ Number _____

(Number & Street) (City) (County) (State) (Zip Code)

12. Last date to use address in Item 11. 13. Address to use after date in item 12. Phone: Area code _____ Number _____

(Number & Street) (City) (County) (State) (Zip Code)

14. What is your permanent legal address?

(Number & Street) (City) (County) (State) (Zip Code)

15. How long have you actually resided at the address indicated in item 14?

16. When do you plan to enter the university? August, 20 ____ January, 20 ____ June, 20 ____ other ____

17. Will you be working towards a degree? Yes No If YES, Specify what degree: _____

18. What is your planned major? 19. In which academic division (school or college) of the University do you wish to enroll? (Refer to catalog)
 (Refer to list of college and majors.)

20. Will you be working for teaching certification? Yes No if YES, specify: Elementary Secondary Type: Initial Advanced Time Extension New Field

21. Do you plan to enroll during your first term for Part Time (5 hours or less)

22. List below in chronological order every college or university you have ever attended

Name of School	Location	Dates of Attendance				Degrees with Dates	
		From Month	Year	To Month	Year	Earned Degree Date	Expected Degree Date

23. If you have taken, or plan to take, any of the following tests, indicate date(s) below.
 ATGSB (Admission Test for Graduate Study In Business) _____, 19 ____ /20 ____
 GMAT (Graduate Management Admissions Test) _____, 19 ____ /20 ____
 GRE (Graduate Record Examination) _____, 19 ____ /20 ____
 TOEFL (Test of English as a Foreign Language) _____, 19 ____ /20 ____
 Other (Specify) _____, 19 ____ /20 ____

24. If you plan to apply for veteran's educational benefits, under which will you qualify?
 Public Law 89-358 (G.I. Bill) Public Law 364 (War Orphans Bill) Public Law 894 (Disabled Veterans Bill)

Enter your claim number only if you are claiming veterans' benefits.

(if not yet assigned please supply as soon as possible) C | ____ | - | ____ | - | ____ | - | ____ |

25. Name of parent, spouse, or legal guardian: _____ Citizenship _____ Relationship _____

____ Full-time school teachers and faculty of community colleges under current teaching contract in Florida, the spouse and dependent students. (Verification of full-time employment from school plus proof of marriage and/or dependency if applicable.)

____ Full-time faculty, administrative and professional, and career service employees of the State University System, the spouse and dependent students. (Provide letter from institution's Director of Personnel reflecting status as full-time employee, plus proof of marriage and/or dependency if applicable.)

____ Florida residents living in the Panama Canal Zone who have not established residence elsewhere, the spouse and dependent students. (Provide proof of previous Florida residence, plus proof of marriage and/or dependency if applicable.)

____ Florida residents who had residency interrupted by service in the Armed Forces, Peace Corps or other government-sponsored volunteer organization. (Military service: Provide proof of home of record, periods of actual residence in Florida, date and state from which you last entered active military service, date and state of last voter registration. Peace Corps, etc: Provide letter certifying participation in program and proof of previous Florida residency.)

The following affidavit is provided for the person claiming Florida Residency to make a statement of facts which may be used in determining eligibility for classification as a Florida resident for tuition purposes.

Please Print

FLORIDA RESIDENT AFFIDAVIT

Name of the Student _____ Soc. Security No. _____
FIRST MIDDLE LAST

Name of claimant if different from student: _____
FIRST MIDDLE LAST

Relationship of claimant to student: _____

Permanent legal address of claimant: _____
NUMBER STREET CITY STATE ZIP

Date claimant began current residence in Florida: _____
MONTH DAY YEAR

Claimant's Florida Driver's License No.: _____ Date issued _____

Claimant's Florida Vehicle Registration: _____ County: _____ Date: _____

Claimant's Florida Voter Registration: County: _____ Date: _____

Non-U.S. Citizen Only. Permanent Resident Alien Number and date card issued: _____

Vietnamese or Cuban Parole Card Number and date issued: _____

I certify that I have established Florida domicile and residency as indicated above and that it is my intention to make Florida my permanent home

Signature of person claiming Florida residency (in ink)

Date

NON-FLORIDA RESIDENTS ONLY

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application for admission is submitted and that if I should qualify for some future term it will be necessary for me to file a Residence Affidavit at that time in order to have my classification changed.

Signature in ink

Date