GRADUATE SCHOOL
FORT HAYS STATE UNIVERSITY
APPLICATION FOR ADMISSION

600 Park Street – Hays, KS 67601-4099
1-800-628-FHSU or 785-628-4236
FAX: 785-628-4479

The application for admission to Graduate School is also available online at www.fhsu.edu/gradschl.

FOR OFFICE USE ONLY
App fee rec'd_____

PERSONAL INFORMATION: *(Please TYPE or PRINT all items)*

1. _____
Legal Name: LAST FIRST MIDDLE MAIDEN PREVIOUS NAME(s)

2. _____
Mailing Address: STREET CITY, STATE ZIP CODE COUNTY

( ) _____ ( ) _____ _____
Home phone number w/area code Alternate phone number E-mail address

3. Social Security Number: _____-_____-_____ You must use your social security number as your identification number if you apply for federal or state aid (using the FAFSA) and/or plan to take advantage of educational tax credit/incentives.
 I choose not to use my social security number. Assign me a number for identification purposes (statute K.S.A. 76-725).
 Do not release my social security number to agencies outside the university (statute K.S.A. 37-286).

4. Date of birth: _____/_____/_____ Place of birth: _____
Month Day Year City, State Country

5. Date you wish to enroll: Fall *(August)* Spring *(January)* Summer *(June-July)* Year_____

6. If degree seeking, please indicate major in which you wish to study:_____

Degree Sought: M.A. M.S. M.B.A. M.F.A. M.L.S. M.S.N. Ed.S. Non-Degree
*Applicants desiring to complete coursework for a certificate program must also complete a *Certificate Program Application*.

Questions regarding gender and race are optional. This information assists in ensuring equal educational opportunities.

7. Gender: Female Male
8. Ethnicity: African American American Indian Asian American Hispanic White/Caucasian Other

CITIZENSHIP:

9. Are you a U.S. citizen? Yes No
*International Students – Please complete the "International Student Supplemental Information Form."
If you are an **immigrant** foreign student currently in the United States, provide the following information:
Date entered the U.S.: _____/_____/_____ Type of visa upon entry:
Month Day Year
 RF: Refugee
 PR: Permanent U.S. Resident
 PA: Political Asylum
Alien registration number: _____ Date granted Alien Registration Card: _____/_____/_____
Month Day Year
Port of entry on Alien Registration Card: _____ (Please attach a copy of your Permanent Resident Alien Card.)

RESIDENCY:

10. Are you a resident of the State of Kansas? Yes No
If yes, when did you begin living continuously in Kansas? _____/_____/_____
Month Day Year

11. Are you currently, or have you ever been, on full-time active duty military service? Yes No
If yes, give dates of service _____/_____ to _____/_____
Month Year Month Year
If on active duty, is your duty station Kansas? Yes No
Are you a dependent or spouse of an active full-time military person? Yes No

Are you or your spouse an employee of a Kansas Regent university, or are you a dependent of such an employee? Yes No

Application Continued on Other Side

EMPLOYMENT:

12. Last two positions held:

NATURE OF POSITION	COMPANY OR INSTITUTION	LOCATION	INCLUSIVE DATES
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATIONAL BACKGROUND:

13. You are required to: **(1)** list all colleges previously attended and, if currently enrolled, the college you are currently attending, **(2)** provide the Graduate School with an OFFICIAL bachelor's degree transcript from a regionally accredited educational institution, and **(3)** provide OFFICIAL transcripts of all college credit earned prior to this application. Official transcripts, by definition, are transcripts sent directly from the college or university Registrar to the Graduate School at Fort Hays State University. Transcripts mailed or delivered by the applicant are not official and, therefore, are not acceptable. The Graduate School will obtain the undergraduate transcript for students receiving their Bachelor's degree from FHSU. **The transcript must indicate a minimum 2.50 GPA on the last 60 hours of undergraduate credit.**

INSTITUTION	LOCATION	DATES ATTENDED	MAJOR	DEGREE & DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

APPLICATION FEE:

14. If degree seeking, send $35 non-refundable application fee. Send a check or money order (payable to FHSU) to the Graduate School, Fort Hays State University, 600 Park Street, Hays, KS 67601-4099, or Visa, MasterCard, Discover, or American Express number and expiration date. DO NOT SEND CASH.

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Card number _____ - _____ - _____ - _____ Exp. Date _____/_____

REQUIRED SIGNATURE:

By signing, I am agreeing to the following:

a. I _____ [waive the right] – _____ [do not waive the right] provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view the letters of recommendation in my file at Fort Hays State University.

b. I certify the information provided in this application is true and accurate without evasion or misrepresentation. I understand that this application is a legally binding document, and if this information is found to be false or misleading, this fact alone will be sufficient cause for my admission to be revoked and my enrollment to be cancelled.

_____ _____

Signature Date

Submit completed application and fee to: Graduate School
Fort Hays State University
600 Park Street
Hays, KS 67601-4099

Notice of Nondiscrimination
Fort Hays State University does not discriminate on the basis of sex, race, religion, national origin, age, disability, Vietnam era veteran status or special disabled veteran status in its programs and activities. The Director of Affirmative Action, Coordinator of Title IX, Title VI, Section 504 and ADA regulations, may be contacted at (785) 628-4033.