

WAYNE STATE UNIVERSITY

International Application for Doctoral Admission

Return to:
**The program to which you are
applying**

A non-refundable Application Fee of \$30
is required. Attach check or money order
made payable to Wayne State University.
Checks drawn on foreign banks must
carry the notation: **Payable in U.S. Funds
plus service charges.**

1. Name: Last (Family Name) First Middle (Former)

2. U.S. Social Security Number
(If you do not have a U.S. Social Security
Number, leave this space blank.)

3. Birth Date (Western Calendar):
Month Day Year

4. Gender:
 Male Female

5. Permanent Address: Number Street City State or Country ZIP Phone number

6. Mailing Address (if applicable):

7. E-mail Address (if applicable):

8. Country of Citizenship:

9. Country of Birth:

10. Country of Legal Residence:

11. If you have a non-immigrant status, please specify:

File No.

Date Granted

12. Type of non-immigrant status: TN L L-2 Other
H-1 H-4 F-1
F-2 J-1 J-2

International students currently holding F-1/J-1 status at a U.S.
college or university must submit a non-immigrant status
verification with a copy of the current I-20 or IAP-66.

13. If married, of what country is your spouse a citizen: _____

14. Which of the following English language tests you have taken?

TOEFL Date: _____

TSE Date: _____

MELAB Date: _____

15. Indicate term you wish to begin study at Wayne State:

Fall 20 ____ Winter 20 ____ Spring/Summer 20 ____

Application Deadlines: Fall: May 1 Winter: September 1 Spring/Summer: January 1

16. College Desired:

Education

Fine, Performing and Communication Arts

Nursing

(Ph. D. Ed.D)

Liberal Arts

Pharmacy and Allied Health Professions

Engineering

Medicine

Science

Name of Major: _____

Area of concentration or specialization (if known): _____

Name: _____ Birth Date: _____

Print clearly

17. Higher Education Record: List ALL schools, colleges, universities and specialized institutions attended after high school. (For international institutions attended -- In cases where a major affiliate institution confers the degree, credit or diploma also give that institution's name). Include Wayne State attendance if applicable. Attach additional sheet if necessary. Please read carefully the signature statement at the bottom of this page.

| Name of University/Institution (City, State/Country) | Type of Degree, Diploma or Certificate | Dates of Attendance From: To: (Mo./Yr.) (Mo./Yr.) | Major | Date Degree Awarded/Expected (Mo./Yr.) | Grade Point Average |
|---|--|--|-------|--|------------------------|
| | | | | | |
| | | | | | |
| | | | | | |

18. Have you ever applied for graduate, professional or undergraduate admission to WSU? _____ When? _____

19. Have you ever registered for credit courses (including off-campus) at WSU? _____ WSU I.D. No. _____

20. If you previously began and discontinued graduate or professional studies, state reasons for discontinuing: _____

21. Date of last attendance at WSU: _____ At another university: _____

22. Employment and Practical Experience: Please list in reverse chronological order; attach additional sheet if necessary.

| Name of Employer | Address and Telephone Number | Type of Work | Dates of Employment |
|------------------|------------------------------|--------------|---------------------|
| | | | |
| | | | |

23. Do you plan to be employed while at school? _____ If yes, how many hours per week? _____

24. Have you applied for a fellowship or assistantship? _____ If yes, to what department? _____

25. Academic Honors, Scholarship, and Professional Recognition (please include source and date): _____

26. Examinations taken or scheduled

- Graduate Record Examination Date Taken/Will Take _____
 - General Test
 - Subject Test in _____
- Graduate Management Admission Test Date Taken/Will Take _____
- Michigan Basic Skills Examination Date Taken/Will Take _____
- Other (specify test) _____ Date Taken/Will Take _____

27. **Personal Statement:** If there are special circumstances or factors you wish taken into consideration in connection with your application, please submit a statement on a separate sheet and attach it to your application. When applying to the College of Education, a statement of your educational objectives is required.

28. **Your signature is required below.** I understand that withholding information requested on the application or giving false information will make me ineligible for admission to Wayne State or subject to dismissal. I also understand that the submission of fraudulent academic records by a student for graduate admission, transfer of credit, or any other purpose shall be cause for dismissal from the Graduate School. I certify that the information given in this application is complete and accurate, and if admitted, I agree to comply with university regulations.

Signature: _____

Date: _____