

University of  
**Indianapolis**

**APPLICATION FOR ADMISSION**

**CAS Graduate Programs**

**College of Arts & Sciences**

1400 East Hanna Avenue  
Indianapolis, Indiana 46227-3697  
Telephone: (317) 788-3395  
Toll Free Telephone: 1-800-232-8634  
Fax: (317) 788-3480

*For Office Use Only*

\$30 App. Fee Paid \_\_\_\_\_

GRE Scores Received \_\_\_\_\_

TOEFL \_\_\_\_\_

Transcripts Received \_\_\_\_\_

Previous University of Indianapolis Attendance:  Yes  No Dates Attended: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Birth Date: \_\_\_\_\_

***Please Print or Type***

1. Full Legal Name:  Female  Male

\_\_\_\_\_

*Last Name*

*First Name*

*Middle*

*Maiden Name*

2. Current Mailing Address: \_\_\_\_\_

*Number and Street*

*City*

*State*

*Zip*

3. Business Telephone: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

4. Check date admission is desired:  Semester I (August)  Semester II (January)

Summer Session I (April)  Summer Session II (June)

5. Ethnicity: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

6. Undergraduate grade point average: \_\_\_\_\_ 7. Major field of undergraduate study: \_\_\_\_\_

8. Intended graduate program (*please check one*):

Master of Arts:  Art  Applied Sociology  English  History  International Relations

9. Dates when you have taken the appropriate Graduate Record Examination (GRE) General Test and/or Subject Test:

Yes Date: \_\_\_\_\_ Subject: \_\_\_\_\_  No Anticipated Date: \_\_\_\_\_

10. If English is not your native language, a TOEFL score of 550 or higher is required. Please have TOEFL scores forwarded.

Date Taken: \_\_\_\_\_ Anticipated Date: \_\_\_\_\_

11. List chronologically (on a separate sheet) every college, university, or professional school you have attended, whether or not credit was earned.
12. Please submit three letters of reference from individuals able to assess you in an academic or professional capacity.
- Name and title: \_\_\_\_\_
- Name and title: \_\_\_\_\_
- Name and title: \_\_\_\_\_
13. Summarize your employment history (a current resume is acceptable).
14. Attach a personal statement of your goals and interests relevant to this graduate program. How do you think this program will help you achieve your goals? Please include any additional information about yourself or your background relevant to this application.

**I hereby certify that the information given in this application is complete and accurate:**

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

\_\_\_\_\_  
*Date*

*Official transcripts from each school must be sent directly to:*

**University of Indianapolis  
College of Arts & Sciences, Graduate School  
1400 East Hanna Avenue  
Good Hall Room 201  
Indianapolis, IN 46227-3697**

**College of Arts and Sciences Graduate Programs**  
**1400 East Hanna Avenue**  
**Indianapolis, IN 46227**

***REFERENCE FORM***

Name of Applicant \_\_\_\_\_ Social Security Number \_\_\_\_\_

Please answer the following questions and write a statement to assist us in judging this applicant as a student in the graduate program leading toward a master's degree. Especially helpful would be information concerning the applicant's academic capabilities based upon past performance, leadership qualities, and desire for professional growth and likeliness to complete the program.

1. Among the \_\_\_ students at this level in the applicant's discipline that you have known, this person would rank among (check one):

\_\_\_ top 5%    \_\_\_ top 10%    \_\_\_ top 25%    \_\_\_ top 50%    \_\_\_ bottom 50%

2. Comments/recommendations (you may attach a separate sheet).

3. Based on this person's academic record and/or performance, I

\_\_\_ highly recommend    \_\_\_ recommend    \_\_\_ do not recommend for graduate program.

Name (please print or type) \_\_\_\_\_

Position or Title \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_

The family Education and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his/her rights to inspect letters of recommendation. The applicant's signature below constitutes a waiver; no signature means the student will have the right to read the reference.

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

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