



Application for Graduate Studies

University of Houston
Office of Admissions
122 E Cullen Building
Houston, TX 77204-2023
713/743-1010

Note: Please print or type in the space provided. Complete the form and make a copy of the completed form. Return BOTH forms, original and copy, to the address as instructed. DO NOT WRITE in the shaded areas.

SECTION A - BIOGRAPHICAL DATA

Please indicate the semester you wish to begin studies at UH:

<input type="checkbox"/> Fall	_____	<input type="checkbox"/> Summer I	_____
	Year		Year
<input type="checkbox"/> Spring	_____	<input type="checkbox"/> Summer IV	_____
	Year		Year

Date of Birth

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month		Day		Year			

Enter your social security number below:

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Gender

<input type="checkbox"/> Female	<input type="checkbox"/> Male
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(You will be assigned an identification number if you do not provide a social security number.)

Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST (FAMILY)	SUFFIX	FIRST, MIDDLE (LEAVE A SPACE BETWEEN NAMES)

Name (if different from above or on any previous academic records):

<input type="text"/>	<input type="text"/>	<input type="text"/>
LAST (FAMILY)	SUFFIX	FIRST, MIDDLE (LEAVE A SPACE BETWEEN NAMES)

Permanent Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER AND STREET	APT. NUMBER	(A/C)	TELEPHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE OR POSTAL CODE	COUNTRY

Present Address:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NUMBER AND STREET	APT. NUMBER	(A/C)	TELEPHONE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP CODE OR POSTAL CODE	COUNTRY

Telephone (daytime):

E-mail for applicant: @

SECTION B - STUDY OBJECTIVE

What is your anticipated major field of study? (Required*)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MAJOR*	CONCENTRATION*	COLLEGE	DEGREE OBJECTIVE

Study Objective: Master's Doctoral Transient only Special Professional Postdoctoral N.D.O. (non-degree objective)

Will you enroll: Full time or Part time?

Will you attend: Day classes or Evening classes?

Below is a listing of graduate degree programs. Indicate degree objective by checking one:

Master's degrees:

<input type="checkbox"/> M.Arch.	<input type="checkbox"/> M.I.E.	<input type="checkbox"/> M.S.O.E.	<input type="checkbox"/> M.S.	<input type="checkbox"/> M.S.Phys.Op.
<input type="checkbox"/> M.S.E.E.	<input type="checkbox"/> M.S. FIN.	<input type="checkbox"/> M.F.A.	<input type="checkbox"/> M.S.W.	<input type="checkbox"/> M.S.C.E.
<input type="checkbox"/> M.S.Che.	<input type="checkbox"/> M.M.	<input type="checkbox"/> M.Ch.E.	<input type="checkbox"/> M.C.E.	<input type="checkbox"/> M.S.M.E.
<input type="checkbox"/> M.S.Ch.E.	<input type="checkbox"/> M.A.	<input type="checkbox"/> M.M.E.	<input type="checkbox"/> M.H.M.	<input type="checkbox"/> M.T.C.H.
<input type="checkbox"/> M.S.Accy.	<input type="checkbox"/> M.S.Admin.	<input type="checkbox"/> M.S.Pharm.*	<input type="checkbox"/> M.Ed.	
	<input type="checkbox"/> M.S.I.E..	<input type="checkbox"/> M.B.A.	<input type="checkbox"/> M.E.E.	

Doctoral degrees: Ed.D. Ph.D. D.M.A.

*Indicate area of concentration.

Academic level you have achieved:

<input type="checkbox"/> Baccalaureate	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Master's	<input checked="" type="checkbox"/> 4	<input type="checkbox"/> Doctoral	<input checked="" type="checkbox"/> 5	<input type="checkbox"/> Other	<input checked="" type="checkbox"/> 6
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SECTION D - RESIDENCY INFORMATION

Failure to complete this section will result in being classified as an out-of-state resident.

Statement of Residency

State residency requirements are determined by the State of Texas and not by the University of Houston. Under state law, the applicant has the responsibility for registering under the correct classification. Any questions concerning this residence classification can be addressed by contacting the Residency Official in the Office of Admissions. Military personnel who have maintained Texas residency while physically residing in another state must complete a Residency Questionnaire.

Residency Information (Please answer all questions. Use n/a if the question does not apply to you.)

1. (a) Are you a U.S. citizen? Yes___ No___ If "No," of what country are you a citizen? _____
 (b) If you are not a citizen, do you hold Permanent Residence status (valid I-551) for the U.S.? Yes___ No___
 If "Yes," date permanent resident card* issued: ____/____/____ Number: _____
 *Enclose a copy of the card. (Month) (Day) (Year)

2. List your address or addresses for the last two years.
 Street Address _____ City _____ State _____ From (Month/Year) _____ Thru(Month/Year) _____

3. List employers and employment dates for the last two years (full-time work only):
 Employer: _____ Location _____ From _____ Thru _____
 Employer: _____ Location _____ From _____ Thru _____

4. Are you a resident of Texas? Yes___ No___ If "No," of what state are you a resident? _____
 (If you are not a resident of Texas, skip to question 8.)

5. (a) Did your parent or court-appointed legal guardian claim you as a dependent for U.S. federal income tax purposes for the tax year preceding your registration? Yes___ No___
 (b) Will this person claim you as a dependent for the current tax year? Yes___ No___ If you checked "Yes" for (b) (claimed as a dependent), answer question 7. If you checked "No" for (b) (self-supporting and not claimed as a dependent), answer question 6.

6. If you are self-supporting and not claimed as a dependent on your parent's or court-appointed legal guardian's most recent tax return, please answer the following:
 (a) How long have you lived in Texas? Years _____ Months _____
 (b) Previous state or country of residence: _____
 (c) If you came here within the past five years, why did you move to Texas?
 Education _____ Employment _____ Military Assignment _____ Other (explain) _____
 (d) Are you currently on active military duty assignment in Texas? Yes___ No___ If "Yes," provide proof.
 (e) What state is your home of record with the U.S. Armed Forces? _____

7. If your parent or court-appointed legal guardian will claim you as a dependent for the current tax year, please answer the following (if court-appointed legal guardian, copies of guardianship papers must be provided):
 (a) Name of person who will claim you as their dependent: _____
 (b) Relationship to self: Parent _____ Court-Appointed Legal Guardian _____
 (c) How long has this person resided in Texas? Years _____ Months _____
 (d) Previous state or country of residence: _____
 (e) If this person came here within the past five years, why did this person move to Texas?
 Education _____ Employment _____ Military Assignment _____ Other (explain) _____
 (f) Is your parent or court-appointed legal guardian currently on active military duty assignment in Texas?
 Yes___ No___ If "Yes," provide proof.
 (g) What state is the home of record with the U.S. Armed Forces for your parent or court-appointed legal guardian?

 (h) Is this person a U.S. citizen? Yes___ No___ If "No," does this person hold a valid I-551 (Resident Alien) card?
 Yes___ No___ If "Yes," enclose a copy of the card.

Failure to complete, sign, and date this portion will result in your application review being delayed.

8. I have read the information, including the "Use of Student Data" and "Meningitis" information and completed the application submitted herein that will be relied upon by college/university officials to determine my status for admission and residency eligibility. I authorize the college/university to verify the information I have provided. I agree to notify the proper officials of the institutions of any changes in the information provided. I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for rejection of my application, withdrawal of any offer or acceptance, cancellation of enrollment, or appropriate disciplinary action.

Applicant Signature: _____ Date: _____

GPA	AS	STATUS DATE	MAJOR	LETTER	SPEC	FEE	FB	EE	STMT	PH	MIL	SP	FLG	VISA	COUNTRY	RES	TS		

SECTION E - ETHNIC BACKGROUND

Personal Information (Optional)

Name: _____
Last First Middle

Social Security Number: _____

(Optional: This will ensure your documents are matched and processed promptly. You will be assigned an identification number if you do not provide a Social Security Number.)

Ethnic Background

Please indicate which of the following groups best describes your ethnic background. This information is voluntary and will be used in a non-discriminatory manner, consistent with applicable civil rights laws. This information will be used for federal and/or state law reporting purposes only and will not be used in any admission or scholarship decisions.

American Indian or Alaskan Native

African American, Black

Asian or Pacific Islander

Hispanic or Latino

White, Non-Hispanic

STATE LAW REGARDING USE OF STUDENT INFORMATION

State law requires that you be informed of the following: (1) with a few exceptions, you are entitled on request to be informed about the information the university collects about you by use of this form; (2) under sections 552.021 and 552.023 of the Government Code, you are entitled to receive and review the information; and (3) under section 5559.004 of the Government Code, you are entitled to have the university correct information about you that is incorrect.

EQUAL OPPORTUNITY POLICY

The University of Houston provides equal treatment and opportunity to all persons without regard to race, color, religion, national origin, sex, age, disability, veteran status or sexual orientation except where such distinction is required by law. This statement reflects compliance with Titles VI and VII of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972 and all other federal and state regulations.