



Coral Gables, Florida 33124

Application for Admission to the Graduate School

Please complete all pages of the application to the best of your ability (PLEASE PRINT OR TYPE) Attach non-refundable application fee of \$50.00 (Check or money order payable to the University of Miami)

THIS APPLICATION SHOULD BE FORWARDED DIRECTLY TO THE DEPARTMENT TO WHICH YOU ARE APPLYING

FOR OFFICE USE ONLY

Date Received _____

Fee Received _____

Temp. Permit _____

PERSONAL INFORMATION

[] Mr. [] Ms. Other Title: _____ U.S. Social Security Number: (if available) : _____ - _____ - _____

Name: (As appears on Passport) _____ Last Name First Name Middle Other Names Used

Current Address: _____ Street and Number City State Zip Code

Permanent Address: _____ Street and Number City State Zip Code

Telephone: (Daytime) _____ (Evening) _____ Area Code Number Area Code Number

Fax: _____ Email _____ Area Code Number

BIOGRAPHICAL INFORMATION

Date of Birth: _____ Native Language: _____ Month Day Year

Country of Birth: _____ City of Birth: _____

Country of Citizenship: _____ Passport Number: _____

If you are not a US citizen, are you a permanent resident? [] No [] Yes Alien Registration Number: _____

If you answered No to the question above, you must respond to the following questions:

Do you presently have a US visa? No ___ Yes ___ If yes, indicate type: Student (F-1) ___ Other (specify) _____ What type of visa do you expect to hold while at the University of Miami: Student (F-1) ___ Other (specify) _____

In order to obtain F-1 or J-1 student status, I will need:

_____ I-20 Form (F-1 student status)

_____ DS 2019 Form (J-1 student status)

Keep in mind that individuals in tourist status may not engage in full-time studies in the United States.

EDUCATIONAL PLANS AND OBJECTIVES

Toward what graduate degree at the University of Miami do you intend to work? _____

What is your intended major: _____ Area of Concentration: (if applicable) _____

When do you wish to enter? [] Fall Semester (August) Year: 20 _____ [] Spring Semester (January) Year: 20 _____ [] 1st Summer Session (May) Year: 20 _____ [] 2nd Summer Session (June) Year: 20 _____

Will you attend: (Primarily) [] Day Classes [] Evening Classes [] Full Time [] Part Time

ADDITIONAL INFORMATION

Examination Record: List standardized graduate tests and when they were/will be taken _____

Have you ever attended the University of Miami? [] No [] Yes If yes, when: _____

Student Number: _____ Under what name: (if applicable) _____

Have you ever applied for admission to any of the University of Miami graduate programs? [] No [] Yes If yes, when _____

Have you ever been disciplined by a student or faculty judicial board for misconduct, or have you ever been convicted of a crime (other than for a traffic offense)? If yes, please explain: _____

APPLICATION FOR GRADUATE ASSISTANTSHIPS AND FELLOWSHIPS
University of Miami

This form is to be completed and returned directly to the Graduate Department to which you are applying and should not be mailed in advance of your admission application. The recommendations required of you in support of your admission application also serve to support your application for graduate assistantships and fellowships.

PLEASE PRINT OR TYPE:

1. U.S. Social Security Number (if available): _____

Mr.

2. Name: Ms. _____
Last Name First Name Middle Name

3. Address: _____
Street and Number

City State Country Zip Code

4. Application for Graduate Admission: Fall Semester (August) Year: _____
 Spring Semester (January)
 1st Summer Session (May)
 2nd Summer Session (June)

To the Department of: _____

5. From what other sources (savings, trust funds, government sponsorship, etc.) will you receive aid? Please specify amount:

6. List names and ages of dependents and their relationships to you: _____

7. What previous graduate fellowship aid have you received? From where? Please explain: _____

8. If awarded an assistantship, I would prefer work responsibilities in:

- teaching
 research
 other, please specify: _____

The above information is true and correct: _____

Signature

_____ Date

APPLICATION FOR AID MUST BE MADE PRIOR TO JANUARY 15
Assistantships and Fellowships are awarded for the Fall Semester only

