

PORTLAND STATE
UNIVERSITY

Departmental Graduate Admission Application

(Use this form only if the department does not require their own application form.)

NAME (Last/Family) (First) (MI) SOCIAL SECURITY NUMBER

(Other names used)

TELEPHONE (Home) (Message/Other Telephone)

ADDRESS (Number and Street) (City) (State) (Zip)

DEGREE: MAJOR: TERM: YEAR:
(Program to which you are applying) (Proposed term of Admission)

BACHELOR'S DEGREE RECEIVED FROM:

(Institution) (City, State) (Degree, Major) (Date Received)

IF REQUIRED: List your Graduate Records Exam (GRE) scores: Verbal _____
Quantitative _____
Analytical _____

IF REQUIRED: List other Graduate Test scores (i.e., GMAT, MAT, GRE Subject Exams, etc.):

EXAM _____	SCORE _____	PERCENTILE _____
EXAM _____	SCORE _____	PERCENTILE _____
EXAM _____	SCORE _____	PERCENTILE _____
EXAM _____	SCORE _____	PERCENTILE _____

COLLEGES AND UNIVERSITIES ATTENDED:

(Institution) (City, State) (Major) (Degree) (Date From) (Date To)

(Institution) (City, State) (Major) (Degree) (Date From) (Date To)

(Institution) (City, State) (Major) (Degree) (Date From) (Date To)

(Institution) (City, State) (Major) (Degree) (Date From) (Date To)

By your signature, you signify that all statements on this form and within this application are true and complete; that you have completed and submitted a separate university application packet; that you understand that admission to this program is selective and not guaranteed by application; and that you must matriculate (register and pay for at least one course) in the term of your admission or your admission will be canceled. Furnishing false or incomplete information on an admission application is Academic Fraud and subject to disciplinary procedures through the Office of Graduate Studies and the Office of Student Affairs.

APPLICANT SIGNATURE

DATE