

"PAGE Program"

OFFICE OF THE GRADUATE SCHOOL

PREPARING FOR ADMISSION TO GRADUATE EDUCATION APPLICATION



Please Type or Print

SECTION I

Date of Application _____ e-mail address: _____

Social Security Number _____ - _____ - _____ Phone No.: _____
Home _____ Work _____

Mr. () Ms. () Mrs. ()

Full Name _____
Last First Middle Other names in which transcript may be listed

Present Address: _____
Street or Box City County State Country Zip Code

Permanent Address: _____
Street or Box City County State Country Zip Code

Place of Birth: _____ Date of Birth:*Month_____ Day_____ Year_____

Mississippi Resident? Yes _____ No _____ Gender:* Male _____ Female _____

Country of Current Citizenship: _____

Race:* American Indian or Alaskan Native () Asian or Pacific Islander () African American ()
African American () Hispanic () White, not Hispanic ()
Other ()

*This information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions; however, an answer would be appreciated.

SECTION II

Field of Study: _____

Semester you wish to enroll: Fall () Spring () Summer () 20____

Please include a brief statement about your work experience and personal goals. (Attach an additional sheet, if needed).

SECTION III

I certify the information supplied is correct and complete. I understand that admission to the PAGE program does not guarantee subsequent admission to a degree conferring program.

Date: _____ Signature: _____

Approval for PAGE does not guarantee subsequent admission to a degree conferring program.