



**The Graduate School of Arts and Sciences**  
 Campus Box 1187, One Brookings Drive  
 St. Louis, Missouri 63130-4899  
 314/935-6880 FAX: 314/935-4887  
**APPLICATION FOR ADMISSION**

SPACE RESERVED FOR Departmental Action	
Admit: <input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> SNCD	
<input type="checkbox"/> Deny: Comments _____	
_____	
Date _____	Initials _____

SPACE RESERVED FOR Graduate School Action	
<input type="checkbox"/> SF	Admit: <input type="checkbox"/> Full <input type="checkbox"/> Provisional
<input type="checkbox"/> FP	<input type="checkbox"/> SNCD
<input type="checkbox"/> FW	<input type="checkbox"/> Deny: Comments _____
	_____
Date _____	Initials _____

Washington University encourages application from and gives full consideration to all candidates for admission and financial aid without respect to age, sex, sexual orientation, race, handicap, color, religion, or national origin. Self-identification below by race and sex is voluntary; compliance is requested for legally mandated statistical use.

**Instructions:** Please read carefully before completing the application

- 1. Type or print legibly in dark ink** all applicable questions on this four page form. This application should be submitted no later than the deadline listed on the enclosed 'Program of Study' form to ensure full consideration for fall admission.
- An **application fee of \$45** is required. Please make the check or money order payable to the **Graduate School of Arts and Sciences**. Under certain conditions, a fee waiver form may be substituted for the fee (see Fee Waiver Form). Those applying from outside of the United States should send an international money order in U.S. dollars.
- An **Applicant Information Form** is included in the application packet. If an application fee or a validated fee waiver form and this form are not completed and returned, the **application will not be processed**.
- Three letter of recommendation forms are to be returned by referees although applicants should complete the boxed section on each of the forms before submitting them to referees.
- The following are to be sent to the Graduate School in the envelope provided: Application, Application Fee or Fee Waiver Form, Applicant Information Form.
- The following are to be sent to the department or program to which you are applying: letters of recommendation, official transcripts, supplementary items such as writing samples, CVs, etc. For proper addresses, please consult the Department/Program Address page.

NAME							<input type="checkbox"/> Female
(Last, Family or Surname)		(First)		(Middle)		<input type="checkbox"/> Male	
APPLICANT FOR ADMISSION TO (Department or Program)						FIELD OF CONCENTRATION	
GRADUATE DEGREE(S) SOUGHT				DATE YOU WISH TO ENROLL (Month/Year)			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME
DATE OF BIRTH	Month	Day	Year	PLACE OF BIRTH	City	State or Foreign Country	CITIZENSHIP
CURRENT MAILING ADDRESS		Number & Street		City	State or Foreign Country		Zip Code
Valid until _____							
PERMANENT MAILING ADDRESS		Number & Street		City	State or Foreign Country		Zip Code
CURRENT PHONE	DAY	EVENING	PERMANENT ADDRESS PHONE		SOCIAL SECURITY No. (if available)		
(area code)							
ELECTRONIC MAIL ADDRESS					FAX NUMBER		
Do you wish to be considered for financial aid? <input type="checkbox"/> yes <input type="checkbox"/> no If your answer is 'no', we assume you are not interested in being considered for any merit or need-based tuition fellowships or stipends and are not currently interested in applying for loans.							
US CITIZEN, PERMANENT RESIDENT APPLICANTS ONLY							
<input type="checkbox"/> African American <input type="checkbox"/> Native American, Aleut, Eskimo <input type="checkbox"/> Asian American <input type="checkbox"/> Hispanic American <input type="checkbox"/> Caucasian American <input type="checkbox"/> McNair Scholar							
NON-CITIZEN APPLICANTS If you are currently residing in the United States, what is your immigration status?							
<input type="checkbox"/> Student (F1); <input type="checkbox"/> Student Spouse (F2); <input type="checkbox"/> Exchange Visitor (J1); <input type="checkbox"/> Exchange Visitor Spouse (J2);							
<input type="checkbox"/> Permanent Resident (give Number); _____ <input type="checkbox"/> Other (specify) _____							

**ACADEMIC HISTORY**

All colleges and universities attended (list chronologically ending with current or most recent institution).

NAME OF INSTITUTION AND LOCATION	DATES	MAJOR FIELD OF STUDY	GRADE POINT AVERAGE		NAME OF DEGREE	DATE AWARDED OR EXPECTED
			COURSES IN MAJOR FIELD	OVERALL GPA		
	FROM TO					
	FROM TO					
	FROM TO					
	FROM TO					

Please submit official transcripts from all institutions attended to the Department/Program to which you are applying. (Please consult the Department/Program Address page for proper mailing information).

Other names, if appropriate, on academic records or previous applications: \_\_\_\_\_

List academic awards, honors, and fellowships:

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**TEST SCORES**

If the department to which you are applying requires the Graduate Record Exam (GRE), provide the following information

Test date	General test scores and percentage ranks	Subject test score and percentage rank
	(score) _____	
	(percentile) _____	
Month / Year	Verbal      Quantitative      Analytical Writing	Subject      Score/Rank

Official score reports must be submitted by the Educational Testing Service when available. If you have recently taken the GRE's or will be taking them soon, provide data above.

If not a U.S. citizen is English your native language?  Yes  No If "no" provide the following information:

_____	_____	_____
Name of English examination (TOEFL, TSE, TWE)	Test Date	Score

Official test reports must be forwarded to the Graduate School of Arts and Sciences, Washington University

List preparation in languages other than English in table below. (If none, write "none.")

LANGUAGE	YEARS STUDIED IN HIGH SCHOOL	YEARS STUDIED IN COLLEGE	OTHER PREPARATION PLEASE EXPLAIN

**LETTERS OF RECOMMENDATION (TO BE SUBMITTED BY THOSE WRITING ON YOUR BEHALF)**

NAME	DEPARTMENT / INSTITUTION	E-MAIL ADDRESS

**ADDITIONAL INFORMATION**

List those employments and other nonacademic activities of more than 2 months duration which relate to your career goal:

EMPLOYER / SUPERVISOR	TYPE OF WORK / ACTIVITY	INCLUSIVE DATES MONTH/YEAR

Have you ever applied, been admitted, or enrolled at Washington University before?  Yes  No

If "yes," check below and fill in dates.

	UNDER-GRADUATE	GRADUATE	DATE
APPLIED			
ADMITTED			
ENROLLED			

High school or secondary school graduated from:

Name \_\_\_\_\_

City & State \_\_\_\_\_

Date of Graduation \_\_\_\_\_

Washington University faculty members with whom you have consulted or corresponded regarding admission:

\_\_\_\_\_

List other graduate or professional schools and programs to which you are applying:

\_\_\_\_\_

\_\_\_\_\_

**RESEARCH AND PROFESSIONAL EXPERIENCE**

Please describe succinctly any experiences outside of normal classwork which are relevant to your proposed field of study. For example, cite professional publications which you have authored or co-authored and/or elaborate briefly on one or more of the items listed in the Additional Information box above. If you wish to enter a program in one of the sciences, mention briefly each prior involvement with scientific research including when, where, and with whom the work was done, your role in the project, and a summary of results obtained.

**STATEMENT OF PURPOSE**

Please explain why you wish to do graduate work in the field you have selected. Describe your ultimate academic and career objectives. To the extent you are able, comment on subareas within your general field of proposed study which you hope to explore in depth in your graduate study and indicate any member(s) of the Washington University faculty with whom you might want to pursue a research topic. (If additional paper is required, note your full name on each sheet and attach to this application.)

I hereby apply to the Graduate School of Arts and Sciences at Washington University. I certify that the above information and attached statements are both complete and accurate, to the best of my knowledge.

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Applicant's Signature

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Date