

**Instructions:**

- Type or print legibly using dark blue or black ink.
- Enclose the \$75.00 application fee by check or money order made payable to "Temple University."
- Mail directly to the appropriate department/program.

Temple University requests your Social Security number (SSN) because federal, state, and local law require the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy ([http://policies.temple.edu/getdoc.asp?policy\\_no=04.75.11](http://policies.temple.edu/getdoc.asp?policy_no=04.75.11)).

1. Social Security Number \_\_\_\_\_ - -      2. Country of Citizenship \_\_\_\_\_
3. Full Legal Name \_\_\_\_\_  
LAST/SURNAME/FAMILY NAME      FIRST      MIDDLE INITIAL
4. Prior Name(s) Used (if any) \_\_\_\_\_
5. Date of Birth\* \_\_\_\_\_      6. Gender\* ☐ Male ☐ Female      7. Ethnicity\* ☐ African American ☐ Asian or Pacific Islander  
MONTH/DAY/YEAR      ☐ Hispanic/Latino ☐ Native American  
☐ White ☐ Other
- \* Provision of this information is voluntary and will not affect consideration of application. Responses are solely for assessing compliance with civil rights laws.*
8. Permanent Home Address \_\_\_\_\_  
NUMBER & STREET      CITY  
\_\_\_\_\_  
COUNTY      PENNSYLVANIA COUNTY CODE (see p. 2)      STATE      ZIP CODE  
( )  
COUNTRY      HOME TELEPHONE NUMBER      E-MAIL
9. Current Mailing Address (if different from permanent) \_\_\_\_\_  
NUMBER & STREET      CITY  
\_\_\_\_\_  
COUNTY      PENNSYLVANIA COUNTY CODE (see p. 2)      STATE      ZIP CODE  
( )      ( )      ( )  
COUNTRY      HOME TELEPHONE NUMBER      BUSINESS TELEPHONE NUMBER      CELL PHONE NUMBER
10. Chronological List of ALL Colleges and Universities Attended, including Temple University
- | NAME | LOCATION | MAJOR | DATES ATTENDED<br>(month/year – month/year) | DEGREE AWARDED |
|------|----------|-------|---|----------------|
|      |          |       |   |                |
|      |          |       |   |                |
|      |          |       |   |                |
|      |          |       |   |                |
11. Semester Applying for: ☐ Fall ☐ Spring ☐ Summer Year \_\_\_\_\_
12. Program (See "List of Degrees & Programs" online.) \_\_\_\_\_
13. Degree Sought \_\_\_\_\_
14. Campus \_\_\_\_\_
15. Attendance ☐ Full-time (9 credit hours or more per semester) ☐ Day  
☐ Part-time (fewer than 9 credit hours per semester) ☐ Evening
16. Have you previously applied to Temple? Undergraduate ☐ Yes ☐ No Graduate ☐ Yes ☐ No
17. Date on Which You Took/Will Take the Required Standardized Examination(s)  
GRE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ GMAT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MAT \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ TOEFL \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
18. a. Were you ever found responsible for a disciplinary violation at any college or university you attended, whether related to academic or behavioral misconduct, that resulted in your probation, suspension, or dismissal from that institution? ☐ Yes ☐ No
- b. Have you ever been convicted of a felony? ☐ Yes ☐ No

c. If you answered "Yes" to either "a" or "b," please provide an explanation of the incident(s), including date(s) and terms of resolution, such as fine, suspension, probation, etc.

19. **Identification of Evaluators Providing References** (if required)

NAME	TITLE	AFFILIATION	TELEPHONE	E-MAIL
------	-------	-------------	-----------	--------

20. **Work Experience** (Include teaching, industrial, business, or other professional experience. Resume is optional.)

COMPANY	POSITION	DATES OF EMPLOYMENT (month/year – month/year)	LOCATION	TELEPHONE
---------	----------	--	----------	-----------

21. **Activities in Professional, Community, and Collegiate Organizations**

22. **Publications, Theses, Awards, and Creative Work**

23. **Statement of Professional Plans and Goals** (Required of ALL Applicants) : On a separate sheet of 8½" x 11" paper, indicate your special interests within the discipline. Please note that the quality of your statement may be critically important for successful admission and a financial aid award.

24. **Statement of Exceptional Circumstances** (Optional) : On a separate sheet of 8½" x 11" paper, present any personal information that may assist the admissions committee in interpreting and evaluating your academic history and/or your academic credentials.

25. **Statement of Residence** (Required of ALL Applicants)

**Temple University reserves the right to request documentation  
in support of your claim of residency.**

Country of Citizenship \_\_\_\_\_ Native Language \_\_\_\_\_

U.S. Permanent Resident? ☐ Yes ☐ No Type of U.S. Visa (if alien): ☐ F1 ☐ J1 ☐ Other \_\_\_\_\_

U.S. State of Legal Residence \_\_\_\_\_ County \_\_\_\_\_

If you claim Pennsylvania residency, will you have resided in Pennsylvania for 12 consecutive months preceding entry into Temple? ☐ Yes ☐ No

If you claim Pennsylvania residency, have you been a student at any time during the past 12 months? ☐ Yes ☐ No

If yes, what school, college, or university did you attend and where? \_\_\_\_\_

If currently in military service, are you assigned to active duty at a military installation in Pennsylvania? ☐ Yes ☐ No

If you are related to a military person assigned to active duty in Pennsylvania, indicate whether you are a: ☐ Spouse ☐ Dependent

If you are a veteran and would like to receive information on support services for veterans, please check this box: ☐

I am now, and have been since, \_\_\_\_\_ a legal resident of the state of \_\_\_\_\_.  
MONTH/YEAR

**ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING STATEMENT:**

I understand that Temple University admissions personnel will have access to my Temple University student record and that withholding requested information or giving false information will make me ineligible for admission to the University and subject to dismissal if admitted. With this in mind, I certify that the above statements are correct and complete and, if admitted, I agree to abide by the published policies, rules, and regulations of Temple University. I further understand that from the time I file my application with the Graduate School, it is my responsibility to know all of the rules, requirements, and exemptions for my intended degree program. In the event that I am not admitted into the degree program for which I hereby apply, I understand that I will not be entitled to any tuition refund for any courses taken while my application was under consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_