

Instructions:

Following you will find four pages.

PAGES 1 and 2 . These are the application form. Fill them out and send them DIRECTLY TO THE DEPARTMENT TO WHICH YOU WANT TO APPLY.

PAGE 3. This is the application for Graduate Assistantships and Fellowships. If you want to apply for this kind of aid, SEND THE FORM ALONG WITH THE APPLICATION TO THE DEPARTMENT YOU ARE APPLYING TO.

PAGE 4. This is the Recommendation Form. This is to be send by the person who filled it DIRECTLY TO THE DEPARTMENT PROPERLY IDENTIFYING THE CANDIDATE. **You must send three recommendation forms.**

Should you have any question, please contact us by email : umgrad@umiami.ir.miami.edu or visit our Web Site at <http://www.miami.edu/gad>



Application for Admission to the Graduate School
Please complete all pages of the application

For Office Use Only
Date Received
Temp Permit

PLEASE PRINT OR TYPE.

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

- 1. Ms. Mr. Other Title U.S. Social Security No.
2. Name: Last Name First Name Middle Maiden Name
3. Mailing Address Street and Number City State Zip Last Date at this Address
4. Permanent Address: Street and Number City State Zip
5. Date of Birth Area Code/Telephone No.
Place of Birth: City State Country of Citizenship:
Native Language: E-Mail Address:
6. Toward what graduate degree(s) at the University of Miami do you expect to work?
7. What is your intended major and/or specific area of concentration?
8. When do you wish to enter? Aug. January May June 19
Special program or workshop beginning
(a) Will you attend (primarily): Day Classes Evening Classes
(b) Will you be enrolled: Full Time Part Time
9. If you are not a U.S. citizen, check the appropriate letter symbol to indicate type of visa expected upon matriculation at the University:
Resident (R) Parolee (P) Student (F) Exchange Visitor (J) Diplomat (A) Other (specify)
10. Examination Record: List standardized graduate tests and when they (were) (will be) taken:
11. 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:
12. On a separate sheet,
A. Indicate any languages which you can read competently;
B. Give citations for any original work or investigations you have done; and
C. State your reasons for desiring to enter graduate study.

13. List chronologically (beginning with the most recent) all colleges and universities attended, dates of attendance, major subjects(s), and degree(s) received or expected. No action on this application will be taken until official transcripts of all academic work are received. You should at once request the registrar of each and every institution attended to send official transcripts.

College or University	Location	Month and Year of Attendance
A. _____ Major(s) _____		_____, 19____ to, 19____ Degree(s) _____
B. _____ Major(s) _____		_____, 19____ to, 19____ Degree(s) _____
C. _____ Major(s) _____		_____, 19____ to, 19____ Degree(s) _____
D. _____ Major(s) _____		_____, 19____ to, 19____ Degree(s) _____

If necessary, continue on a separate page.

14. List all courses (titles and credits) in which you are currently enrolled or which you will complete before date of admission:

15. Indicate briefly your honors, academic and professional awards, fellowships and memberships and major activities. List history of your employment.

16. Name and address of current employer or firm: _____

Title and nature of Position: _____

17. OPTIONAL INFORMATION

How would you describe yourself? Please check one:

- Native American, Eskimo, or Aleut Black or African-American White, Caucasian, Non-Hispanic
 Asian or Pacific Islander

If Hispanic, please indicate:

- Cuban or Cuban-American Mexican/Chicano Latin American, Central or South American Puerto Rican

Other: _____

I hereby certify that the information given in this application is complete and accurate. In applying, I agree, if accepted, to familiarize myself with the rules and regulations of the University of Miami and its Graduate School, and to abide by them.

18. Date _____ Signature of Applicant _____

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 will serve also to support your application for graduate assistantships and fellowship.

PLEASE PRINT

Mr.

Ms.

1. Name:

	Last Name	First Name	Middle Name
2. Address:	Street and Number		
	City	State	Country
			Zip Code

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

In Department of: _____

4. From what other sources (savings, trust funds, wife or husband's earning, government sponsorship, etc.) will you receive aid? Be specific as to amount.

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

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

7. 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 FEBRUARY 1.
Assistantships and Fellowships are awarded for the Fall Semester only.

Confidential

RECOMMENDATION FORM FOR GRADUATE ADMISSION
UNIVERSITY OF MIAMI

Complete form and return to: _____
Relevant Department

Name of Candidate: _____ Undergraduate Major: _____
Last Name First Name Middle Name
University Attended: _____ Desired Graduate Major: _____

I hereby waive my right of access, under the Family Educational Rights and Privacy act of 1974 to this letter of evaluation respecting my application for graduate admission to the University of Miami.

Signature _____ Date _____

Note that the signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admission process.

THE CANDIDATE MUST FILL OUT THE BLANKS ABOVE.

1. Applicant's promise for graduate study and research:

_____ (excellent, good, fair, poor)

2. The candidate ranks in the _____ quarter of the graduate class of _____ students.
(highest, 2nd, 3rd, lowest) (Number)

3. I have known the applicant for _____ years as _____. I have known him / her well _____, slightly _____

4. Do his/her grades indicate probable success in the graduate program selected? _____. If not, please explain: _____

5. Please make a brief statement in the space provided below of your evaluation of the candidate. We are interested in character, industry, ability, originality, and other qualities. Continue on reverse side if necessary.

6. Summary Evaluation: Over-all academic ability and promise for research. Comparing the applicant with a representative group of students in the same field who have had approximately the same amount of experience and training, how do you rate him/her in GENERAL ALL-AROUND ACADEMIC ABILITY AND PROMISE FOR RESEARCH?

BELLOW AVERAGE	AVERAGE	SOMEWHAT ABOVE AVERAGE	GOOD	UNUSUAL	OUT-STANDING	TRULY EXCEPTIONAL	INADEQUATE OPPORTUNITY TO OBSERVE
Lowest 40%	Middle 20%	Next 15%	Next Highest 15%	Highest 10%			

Name (Print)

Position

