

HAMPTON UNIVERSITY GRADUATE COLLEGE APPLICATION BOOKLET



ADMISSION INFORMATION | FINANCIAL AID INFORMATION | UNDERGRADUATE APPLICATION

Revised 11/12

HAMPTON UNIVERSITY GRADUATE APPLICATION

Please type or print in black ink. Return this application and direct all inquiries concerning graduate admission to:
The Graduate College, Hampton University, Hampton, Virginia 23668. Telephone: (757) 727-5454

I. PERSONAL DATA (Please type or print clearly.)

Social Security Number

Date of Birth

Gender

Male

Female

Title

Mr.

Ms.

Mrs.

Last Name

First Name

Middle Name

E-mail Address

Other name under which your records might appear

Current/Local Address

Street Name

City

State

Zip Code

Home Telephone ()

Work Telephone ()

Permanent Address (if different from current address)

Street Name

City

State

Zip Code

Permanent Telephone ()

Place of Birth

State/Country

Permanent Residence

State/Country

Citizenship

Country

IN CASE OF EMERGENCY CONTACT:

Name

Relation

Address

Street Name

City, State, Zip Code

Telephone ()

THIS SECTION IS TO BE COMPLETED BY INTERNATIONAL APPLICANTS ONLY

Visa Status:

F-1 F-2 J-2 B-2

Current

Intended

U.S. Permanent Resident

Other

ETHNICITY

Black, Non-Hispanic

2

Hispanic

5

American Indian/Alaskan Native

3

White, Non-Hispanic

6

Asian or Pacific Islander

4

Signature Page

Your application has been marked completed. The Graduate College will review your application upon receipt of the following items listed below:

- \$50.00 application fee.
- An official transcript from each college/university attended.
- Official test score: GMAT, GRE, MCAT/DAT scores.
- Two letters of recommendation.
- A prepared personal statement. Your statement should include reasons for deciding to pursue a graduate degree in the field you have selected. We recommend the statement be typed with a minimum of 150 words.
- Signature page

ATTENTION DOCTOR OF PHYSICAL THERAPY APPLICANTS: *In addition to your PTCAS application the Graduate College requires the following; 1) \$50.00 application fee, 2) Online Graduate College application, and 3) Signature page.*

Please print this page, answer the question related to disciplinary actions, sign, date, and mail it with the items listed above to the following address:

Attn: Hampton University
The Graduate College
Room 203, Wigwam
Hampton, VA 23668

DISCIPLINARY ACTIONS

Have you ever been charged with a crime? Yes/No

If yes, please provide the date(s) and specific circumstances on a separate page to be submitted with your signature page.

Have you ever been convicted of a crime? Yes/No

If yes, please provide the date(s) and specific circumstances on a separate page to be submitted with your signature page.

Have you ever been dismissed from Hampton University or any college/university? Yes/No

If yes, indicate the reason and date of dismissal on a separate page to be submitted with your signature page.

I understand that any falsification of any information given in this application for admissions will result in a re-evaluation of my admission to Hampton University.

Name (please print legibly)

Social Security Number

Signature

Date

RELIGIOUS PREFERENCE

- | | | | | | |
|------------------------------------|----|---|----|---|----|
| <input type="checkbox"/> Baptist | BP | <input type="checkbox"/> Lutheran | LU | <input type="checkbox"/> United Methodist | EU |
| <input type="checkbox"/> Episcopal | EP | <input type="checkbox"/> Presbyterian | PR | <input type="checkbox"/> Othe | OT |
| <input type="checkbox"/> Islam | IS | <input type="checkbox"/> Protestant | PT | <input type="checkbox"/> None | NC |
| <input type="checkbox"/> Judaism | JE | <input type="checkbox"/> Roman Catholic | RC | | |

VETERAN STATUS

- | | | | |
|--|----|--|----|
| <input type="checkbox"/> Military - NOT Eligible for Benefits | MN | <input type="checkbox"/> Veteran NOT Eligible for Benefits | VN |
| <input type="checkbox"/> Military - Eligible for Benefits | ME | <input type="checkbox"/> Eligible for Benefits - Before January 1977 | VE |
| <input type="checkbox"/> Dependent of Deceased or Disabled Veteran | DP | <input type="checkbox"/> Vocational Rehabilitation | VR |

II. ACADEMIC INFORMATION

COLLEGES ATTENDED (Most Recent First)

Failure to declare attendance at another institution will result in denial of credit for such work or immediate dismissal.

Name of College (Include City, State, and Zip Code)	Dates Attended	Dates Graduated	Degree (to be earned)	GPA

Have you ever been charged with a crime? No Yes – If yes, give reason:

Have you ever been convicted of a crime? No Yes – If yes, give reason:

Have you ever been dismissed from any school or college? No Yes – If yes, give reason:

Two persons you have asked to submit letters of recommendation – not applicable for Special Students (non-degree)

Name _____ Name _____

I have taken or will take the following examinations – not applicable for Special Students (non-degree)

- | | |
|--|------------|
| <input type="checkbox"/> Graduate Record Examination – (GRE) | Date _____ |
| <input type="checkbox"/> Graduate Management Admission Test – (GMAT) | Date _____ |
| <input type="checkbox"/> Medical College Admissions Test – (MCAT) | Date _____ |
| <input type="checkbox"/> Dental Admissions Test – (DAT) | Date _____ |
| <input type="checkbox"/> Test of English as a Foreign Language – (TOEFL) | Date _____ |
| <input type="checkbox"/> International English Language Testing System – (IELTS) | Date _____ |
| <input type="checkbox"/> Academic Skills Assessments – (PRAXIS I) | Date _____ |
| <input type="checkbox"/> Principles of Learning and Teaching – (PRAXIS II) | Date _____ |

TERM OF ENTRY Fall Semester – (August – December) YEAR _____
 Spring Semester – (January – May)
 Summer Session – (June – July)

ATTENDANCE Full Time STUDENT STATUS New
 Part Time Re-entering

DEGREE SOUGHT MAJOR/CONCENTRATION

Applied Mathematics (Statistics & Probability, Computational, Nonlinear Science) [M.S.]	Educational Management (Online) , (Higher Education Track) or (Pre-K-12 Administration and Supervision Endorsement) [Ph.D.]
Atmospheric Science [M.S., Ph.D.]	Information Assurance [M.S.]
Biology (Biology, Biology/Environmental Science) [M.S.]	Medical Science [M.S.]
Business Administration [(MBA—2 year, MBA—5 year) (Ph.D.—online)]	Nursing—Administration (Advanced Adult, Community Health, Community Mental Health/Psychiatric Nursing) [M.S.]
Chemistry [M.S.]	Nursing—Education (Advanced Adult, Community Health, Community Mental Health/Psychiatric Nursing) [M.S.]
Communicative Sciences and Disorders [M.A.]	Family Nurse Practitioner [M.S.]
Computer Science [M.S.]	Nursing (Family Research)—Online [Ph.D.]
Counseling (Student Affairs: College Student Development; School Counseling; Community Mental Health, Pastoral) [M.A.] [Ed.S.—online]	Physical Therapy [D.P.T.]
Education (Elementary Education, Montessori Education, Gifted Education) [M.A.]	Physics (Medical, Nuclear, Optical and Plasma) [M.S., Ph.D.]
Education in Curriculum and Instruction (Online) [M.S.]	Planetary Science [M.S., Ph.D.]
Educational Leadership [M.A.]	Teaching [M.T.]—Endorsements in: Biology [6-12] English [6-12] Mathematics [6-12] Music [PK-12]

(Please indicate by checking the appropriate degree)

- Non-Degree – ND Master of Science – M.S. Doctor of Philosophy – Ph.D.
 Master of Arts – M.A. Master in Teaching – M.T. Doctor of Physical Therapy – D.P.T.
 Master of Business Administration – M.B.A. Education Specialist – Ed.S.

PROPOSED MAJOR – Select from list above (e.g. Biology, Counseling, etc.)

PROPOSED AREA OF CONCENTRATION – Select from list above (e.g. Environmental Science, College Student Development, etc.)

I understand that falsification of any information given in this application for admission will result in a re-evaluation of my admission to Hampton University. I understand that all credentials (originals or photocopies) submitted in support of this application become the property of Hampton University and are not returnable.

Signature of Applicant _____ Date of Signature _____

OFFICE USE ONLY

Application fee: Received Not Received

HAMPTON UNIVERSITY
**PERSONAL
STATEMENT**

THIS SECTION TO BE COMPLETED BY APPLICANT. (Please type or print)

Last Name _____ First _____ M.I. _____

Social Security Number _____ Proposed Major _____

Date _____ Area of Concentration _____

Your statement should include your reasons for deciding to pursue a graduate degree in the field you have selected, any study and/or research you may have already completed, issues you would like to address, as well as your professional goals. We recommend that this statement be typed with a minimum of 150 words. (Please feel free to use additional sheets if necessary.)

HAMPTON UNIVERSITY APPLICANT EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY APPLICANT. (Please type or print)

Last Name _____ First _____ Middle _____

Social Security Number _____ Proposed Major _____

Name of Recommender _____

Date by which this form should reach Hampton University _____

The Family Education Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive I do not waive my right to inspect the contents of the following recommendation.

Signature _____ Date _____

NOTE: This waiver is not required as a condition for admission, receipt of financial aid, or any other service and benefits from Hampton University. It is a Hampton University policy that all letters of recommendation be used for the admission process only and will be disposed of after they have served this purpose.

TO THE RECOMMENDER: We would appreciate your opinion of this applicant for graduate study, including comments on strengths and weaknesses, creativity, initiative and aptitude for advanced study. How long and in what capacity have you known the applicant? How does the applicant compare to students you have known who have attended graduate school in recent years? Any other relevant information you care to include will be welcomed. Please attach your personal letter to this form. SPECIAL NOTE: For applicants to an education program, please include information regarding the candidate's intellectual competence, enthusiasm for the subject, and concern for the teaching profession. Please include information concerning any qualities, which may indicate an aptitude for teaching.

PLEASE RETURN THE COMPLETED FORM DIRECTLY TO:
THE GRADUATE COLLEGE
HAMPTON UNIVERSITY
HAMPTON, VIRGINIA 23668

HAMPTON UNIVERSITY APPLICANT EVALUATION AND RECOMMENDATION

THIS SECTION TO BE COMPLETED BY APPLICANT. (Please type or print)

Last Name _____ First _____ Middle _____

Social Security Number _____ Proposed Major _____

Name of Recommender _____

Date by which this form should reach Hampton University _____

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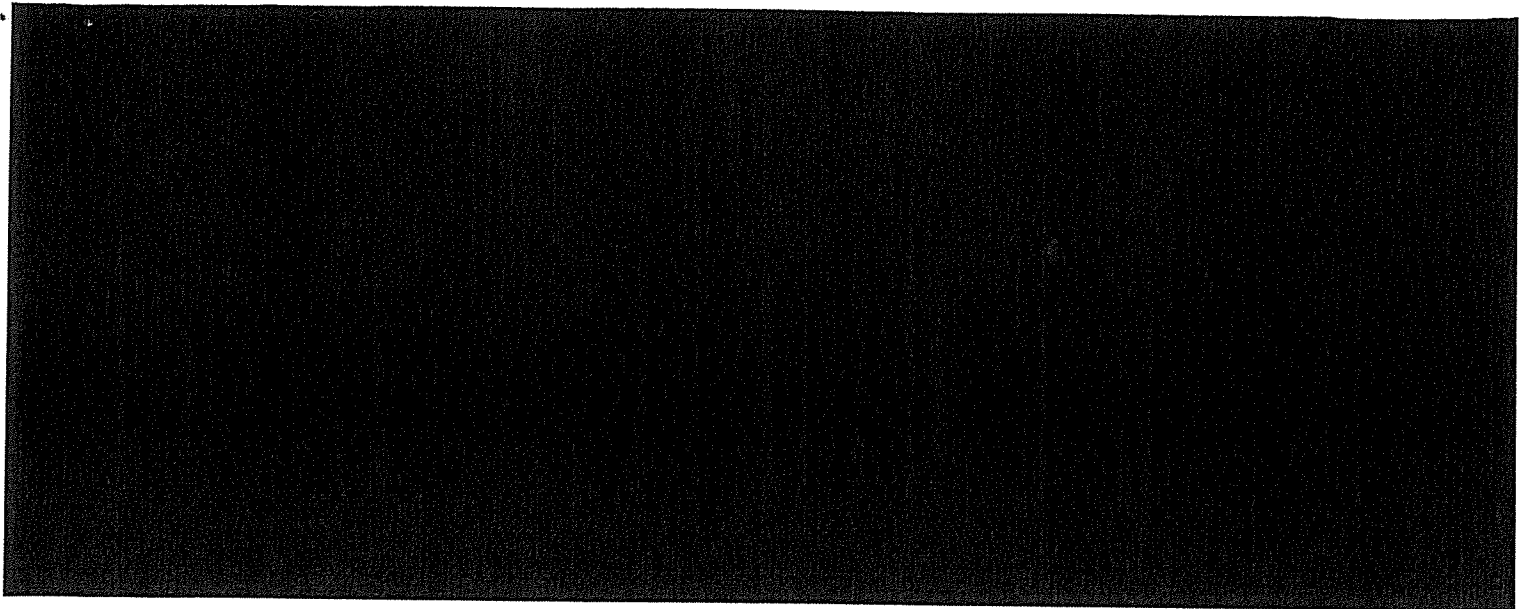
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Signature _____ Date _____

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The Graduate College
Hampton University
Hampton, Virginia 23668
(757) 727-5454
hugrad@hamptonu.edu
<http://gradcoll.hamptonu.edu>