

GENDER Male [] Female [] **MARITAL STATUS** Single [] Married [] Other []

CITIZENSHIP: Check here [] if a Citizen or Permanent Resident of the United States or an Immigrant.
If not a U.S. citizen, permanent resident, immigrant, or refugee, contact the International Center before completing this form; telephone (314) 977-2318 or email icadmit@slu.edu.

ETHNIC ORIGIN (U.S. Citizens and Resident Immigrants, check one box)

American Indian or Eskimo [] Asian/Oriental or Pacific Islander [] Black, Non-Hispanic [] Hispanic American [] White, Non-Hispanic []

RELIGION (Check one box)

Baptist [] Episcopal [] Jewish [] Lutheran [] Methodist [] Presbyterian []
Roman Catholic [] Other [] _____ None []

COLLEGES, UNIVERSITIES ATTENDED AND/OR CURRENTLY ATTENDING

Name of Institution	Location	Years Attended	Major Field	Degree (Abbreviation)	Date of Degree Conferral

Academic term for which Unclassified status is sought: (Check on box and enter year)

[] Fall/First Semester 20____ [] Spring/Second Semester 20____ [] Summer Sessions 20 ____

Any previous application for admission made to The Graduate School of Saint Louis University? Yes [] No [] If yes, when? _____

Any previous application for admission made to any Saint Louis University academic unit? Yes [] No [] If yes, which College or School? _____

Rationale for making application for Unclassified status in The Graduate School (check one box):

Teacher Certification [] Pre-professional studies []
To fulfill prerequisite deficiencies [] Missed the deadline to initiate a Classified application []
Other (explain) [] _____

If desiring to initiate degree-seeking study during the next available term, indicate the proposed major field and degree:

Major Field _____ Degree _____

Emergency Contact: _____
(Last Name) (First Name) (Salutation/Title)

(Relationship to Applicant) (Telephone Number)

“I, as the applicant, attest that the information provided above is, to the best of my knowledge, accurate and true”

Date: _____ **Signed:** _____
(MM/DD/YY)

WHEN DISPLAYING THE DEAN’S SIGNATURE, THIS COPY COMMUNICATES THE OFFICAL ACTION TAKEN

ACTION OF DEAN: ADMITTED [] NOT ADMITTED [] **FOR SEMESTER:** _____

Comments of The Graduate School, if any: _____

Dean _____ Date: _____ 2/06