



# Graduate School Of Education Application for Graduate Admission

Note: This form is for admission to the University. See Department for second application form.

\$50.00 non-refundable application fee is required. Make check or money order payable to Portland State University.

Application for:

FALL 20 WINTER 20
SPRING 20 SUMMER 20

Check the degree/program for which you are applying.

DEGREES

MA\* MS M Ed Ed D

\*Requires Foreign Language

LICENSURE

Initial Continuing Standard

Select the four-letter code(s) from the reverse side of this page.

Major

Four letter code boxes

Concentration

Four letter code boxes

Have you previously applied to or ever attended PSU?

YES NO

Authorization Level

Four letter code boxes

Endorsement Area

Four letter code boxes

Last term attended: TERM YEAR

BIOGRAPHICAL INFORMATION

1. Social Security Number

Social Security Number boxes

(Please see Disclosure and Consent statement located on back.)

2. Legal Name

LAST (FAMILY)

FIRST

MIDDLE

3. Other name(s) that may appear on your academic records:

4. Current Mailing Address:

NUMBER AND STREET

COUNTY

HOME PHONE

CITY

STATE/COUNTRY/ZIP

WORK PHONE

5. Permanent Address:

NUMBER AND STREET

HOME PHONE

CITY

STATE/COUNTRY/ZIP

WORK PHONE

6. Gender:

MALE FEMALE

7. Date of Birth

MONTH DAY YEAR

9. Veteran Status:

Have you ever been on active duty in the U.S. military service?

YES NO

If yes, which era?

PRE-VIETNAM (BEFORE AUG. 5, 1964)
VIETNAM ERA (AUG. 5, 1964 - MAY 7, 1975)
POST-VIETNAM (AFTER MAY 7, 1975)

8. Ethnic Identity (Optional):

The state system schools must seek to identify the ethnic background of applicants for admission in compliance with federal reporting requirements. You are encouraged to supply this information but you may decline without prejudicing your application in any way.

H Hispanic/Chicano/Latino
W White, Non-Hispanic
B Black/African American, Non-Hispanic
D Decline to Respond
A Asian or Pacific Islander (Specify Ethnic Group)
I American Indian or Alaska Native (Specify Tribal Affiliation)

10. Residency:

Are you a U.S. citizen?

YES NO

If no, answer questions on reverse side.

For tuition purposes, do you consider yourself a:

RESIDENT NON-RESIDENT

If resident, please answer the following questions. Failure to do so may result in your classification as a non-resident.

APPLICANT

PARENT/GUARDIAN (if applicant under 21)

Dates of most recent continuous physical presence in Oregon:

to

to

List the last two years

Oregon income taxes were filed:

20\_\_ 20\_\_

20\_\_ 20\_\_

Issue date of your Oregon Driver's License:

MONTH YEAR

Date of your Oregon Voter Registration:

MONTH YEAR

Dates of military service, if applicable:

MONTH YEAR to MONTH YEAR

Did you enter military service while a resident of Oregon?

YES NO

11. List each community college, junior college, college, and university you have attended (include attendance at PSU) beginning with the most recent.

Note: Failure to provide the following information subjects you to cancellation from the University.

Table with 4 columns: OFFICE USE ONLY, INSTITUTION, LOCATION (CITY & STATE), DATES ATTENDED MONTH & YEAR, DEGREE RECEIVED/DATE

# INTERNATIONAL STUDENTS / RESIDENT ALIENS

COUNTRY OF BIRTH \_\_\_\_\_  
 COUNTRY OF CITIZENSHIP \_\_\_\_\_

DATE RESIDENT ALIEN CARD ISSUED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 TYPE OF VISA \_\_\_\_\_  
 DATE ISSUED \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(Attach photocopy of front and back of Resident Alien "green" card)  
 ARE YOU A RESIDENT ALIEN?  YES  NO  
 IF YES, RESIDENT ALIEN # **A**

## EMERGENCY CONTACT INFORMATION

If you are dependent on your parents, list your parents or legal guardians. If you are not dependent on your parents, list a relative or a friend who can be reached in case of an emergency.

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
 NUMBER AND STREET ADDRESS \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_  
 CITY STATE ZIP \_\_\_\_\_ WORK PHONE ( ) \_\_\_\_\_

RELATIONSHIP  PARENTS  MOTHER  FATHER  LEGAL GUARDIAN  SPOUSE  FRIEND  OTHER (SPECIFY) \_\_\_\_\_

## GRADUATE DEGREE PROGRAMS CODE, AREA (:option)

DEGREES	MAJOR	CONCENTRATIONS	AUTHORIZATION	LICENSURE	ENDORSEMENT
<b>MA, MS:</b>	EDCN Counseling	<i>Concentration (Required)</i> EDCC Community EDCR Rehabilitation EDMF Marriage & Family EDSC School Counselor	EDLC Early Childhood EDLE Elementary EDLM Junior High/Middle School EDLS Secondary (High School)		ART Art BED Business Education EDBL Blind & Visually Hndcp EDBO Biology Teacher Ed EDCH Chemistry Teacher Ed EDCN Counseling EDDR Drama Teacher Ed EDEN English Teacher Ed EDFR French Lang Teacher Ed EDGE German Lang Teacher Ed EDMD Educational Media EDMU Music Teacher Ed EDOT Other Foregin Lang Ed EDPH Physics Teacher Ed EDSA Spanish Lang Teacher Ed EDSC Science Teacher Ed EDSE Special Ed/Early Intervention EDSH Speech Teacher Ed EDSI Speech Impaired EDSS Social Sciences Teacher Ed HE Health Education MTHE Mathematics Education PETE Phys Ed: Teacher Ed READ Reading (Ed) SADM School Administration SPED Special Education TSLC Tchng Eng as 2d Lang
	EDCI Curriculum & Instruction	<i>Concentration (Optional)</i> ECE Early Childhood Education READ Literacy			
	EDML Media,/Librarianship	<i>Concentrations (leave blank)</i>			
	EDPA Policy, Foundations, & Administrative Studies	<i>Concentration (Required)</i> EDAC Postsecond Adult & Continuing Education SADM School Administration			
	EDSP Special Education	<i>Concentration (Required)</i> EIEC Early Intervention/Early Childhood SPED Special Education VISN Visually Impaired			
<b>Ed.D.</b>		<i>Concentrations (leave blank)</i> ELAS Administration & Supervision ELCI Curriculum and Instruction ELPE Postsecondary Education ELSC Special and Counselor Education			
<b>M.Ed*</b>	EDM	*Must be enrolled in the Graduate Teacher Education Program (GTEP) <i>Concentration (Required)</i> EDLE Elementary EDLS Secondary DESP Dual Elementary/Special Education DEEM Dual Elementary/Ed Media DSEM Dual Secondary/Ed Media BTPE Elementary/ESL Bilingual BTPS Secondary/ESL Bilingual			

Portland State University is an affirmative action/equal opportunity institution. 8/02.

## Social Security Number Disclosure and Consent Statement

You are requested to provide voluntarily your Social Security Number to assist OUS (and organizations conducting studies for or on behalf of OUS) in developing, validating, or administering predictive tests; administering student aid programs; improving instruction; internal identification of students; collection of student debts; or comparing student educational experiences with sub-

sequent workforce experiences. OUS will disclose your Social Security Number only if the studies are conducted in a manner that does not permit personal identification of you by individuals other than representatives of OUS (or the organization conducting the study for OUS) and only if the information is destroyed when no longer needed for the purposes for which the study was conducted. By providing your Social Security Number, you are consenting to the uses identified above. This request is

made pursuant to ORS 351.070 and 351.085. Provision of your Social Security Number and consent to its use is not required and if you choose not to do so you will not be denied any right, benefit, or privilege provided by law. You may revoke your consent or the use of your Social Security Number at any time by writing to the Director of Admissions.

I certify that all statements on this application are complete and true. I also understand that if I am admitted and do

not enroll for the term to which I am admitted, I will need to update my application within one year; otherwise,

I will submit a new application and non-refundable application fee.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_