

APPLICATION FOR MAIN CAMPUS GRADUATE ADMISSION

Please type or print clearly. \$50 application fee.

Post University - Office of Main Campus Graduate Admissions | 800 Country Club Road | Waterbury CT 06723
MCGraduate@post.edu



ADMISSION DATA

Applying for:

Fall 2016 Spring 2017

Housing Status:

On-Campus Housing Commuter

PERSONAL DATA

Male Female Social Security Number _____ - _____ - _____ Date of Birth _____ / _____ / _____

Name: First _____ Middle _____ Last _____ Suffix _____

Preferred First Name _____ Maiden Name _____

Email _____

Home Phone Number _____ Cellular Phone Number _____ Can we text you: Yes / No*

*Post University has your consent to use automated technology to call, text and email you at the information above, including your wireless number, regarding educational services. It is not a requirement to provide this consent to receive education services.

Current Mailing Address _____ P.O. Box _____ Apt. # _____

City/County _____ / _____ State _____ Zip Code _____

Check here if permanent address is same as above

Permanent Address _____ P.O. Box _____ Apt. # _____

City/County _____ / _____ State _____ Zip Code _____

Are you active duty? Yes No Are you a Veteran? Yes No

Are you a Dependent of a Military Service Member or Veteran? Yes No

Citizenship (Please check one box below):

U.S. Citizen Permanent Resident/Resident Alien: Resident Alien No. _____ Country of Birth _____

Non-Resident/Resident Alien: Country of Citizenship _____ Country of Birth _____

If you are already in the U.S. please give: Date of Entry ____ / ____ / ____ Visa Type _____ Visa Expiration Date _____

Are you an international student needing to study on an F1-Student Visa? Yes No

(If yes, have you taken the TOEFL or ILETS? Yes No What did you score? _____)

DEGREE OPTIONS

Please select your intended degree and concentration from the following list.

Master of Business Administration

Concentration: Leadership

Master of Science in Human Services

Concentration: Clinical Counseling within Organizational Settings

Master of Science in Accounting

Master of Science in Higher Education Administration

Concentration: Student Affairs

Concentration: Administrative Leadership

ACADEMIC BACKGROUND

Have you previously attended Post University? Yes No If yes, when _____

List all previously attended colleges/universities:			
SCHOOL (City & State)	DATES ATTENDED	CREDITS EARNED	DEGREE RECEIVED

ATHLETIC PROGRAMS

Please indicate intercollegiate athletics in which you are interested in:

Mens: Baseball Basketball Cross Country Equine Golf Ice Hockey Lacrosse Sprint Football Soccer
 Tennis Track & Field

Womens: Basketball Bowling Cross Country Cheerleading Equine Golf Ice Hockey Lacrosse Soccer
 Softball Tennis Track & Field Volleyball

OPTIONAL INFORMATION

Race and Ethnicity Are you Hispanic or Latino? Yes No

Regardless of answer to above, please select one or more:

American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander
 Race and Ethnicity Unknown Two or More Races White

What other colleges and/or universities are you considering? _____

Who is your current employer? _____

How did you learn about Post University? Online Teacher Post Coach Email Admissions Representative Friend
 Family member Advertising Other (please specify) _____

APPLICATION COMPLETION

To complete your Main Campus Graduate application and to receive an admissions decision, please submit the following:

- Completed application
- Application fee, \$50 (non-refundable)
- Submit a personal statement telling us why you're an ideal candidate for Post's graduate program (250-500 words, typed)
- Two letters of recommendation; one academic, and one professional
- Official transcripts from all colleges/universities attended
- International students must submit TOEFL or IELTS scores
- An admissions interview will be required on a case-by-case basis

HEALTH REQUIREMENTS

Connecticut State law requires students to present updated immunization records in order to register for courses.

Please visit post.edu/healthservices and click on "Immunization Requirements" for details. Or call Health Services at **203.596.4503**

STATEMENT OF APPLICANT (Required)

If admitted, I pledge myself to comply, in good faith, with all the rules and requirements of the University.

Applicant's Signature _____ Date ____ / ____ / ____

Please be sure all the information requested has been answered in full, and remember to include your signature.

If you have any questions, please call: **800.582.8250** or email MCGraduate@post.edu

Send all material to: **Office of Main Campus Graduate Admissions, Post University, 800 Country Club Road, Waterbury, CT 06723**