

\$60 non-refundable application fee

- I qualify for a fee waiver because I am a:
- CGU/Claremont College Student or Alumni
 - McNair Scholar Project 1000 Applicant



(for office use only)

PERSONAL INFORMATION & ADDRESSES (Please print legibly.)

Last/Family Name: _____ First: _____ Middle: _____

Other/Previous Names: _____ Preferred First Name: _____

U.S. Social Security Number: _____ - _____ - _____ Sex: Female Male Birth Date: _____ - _____ - _____
Month Day Year

Citizenship: U.S. U.S. Permanent Resident Other Country: _____ Visa Type: _____

Birth Country: _____ City: _____ State: _____

Email Address: _____

Permanent Address (required)

Mailing Address (if different)*

Street: _____

Street: _____

City, ST Postal Code: _____

Country (if not U.S.): _____

Phone: (____) _____ (____) _____

Have you applied to CGU previously? No Yes

*Mailing Address Valid Until: ____ / ____ / ____

If yes, when? _____

ACADEMIC PROGRAM (Please complete only one of the sections A–D below, as it pertains to your intent.)

Please consider this application for: Fall of 20 _____ Spring of 20 _____ Summer of 20 _____

A. Certificate and/or Non-Degree Applicants please complete this section:

Department of Study: _____

Please check one of the following: Certificate in: _____ Non-Degree/Special Standing (not presently pursuing a CGU degree)

B. Master’s Degree Applicants please complete this section only if you are applying to a single master’s degree program:

Department of Study: _____

Check the degree you are seeking*: M.A. M.S. M.B.A. E.M.B.A. M.F.A. M.Phil. Concentration (if applicable): _____

*Teacher Education applicants, please check your level of interest: Elementary Secondary (please list your subject of interest: _____)

Special Education (Education Specialist Mild/Moderate Level I or Level II)

BA/MA applicants / 4+1 / 2+1 (Claremont College students only) please check one: McKenna Pitzer Pomona Scripps Harvey Mudd Keck

C. Doctoral Applicants please complete this section only if you are applying to a single doctoral degree program:

Department of Study: _____ **Joint Doctoral Program applicants** please check one: SDSU CSULB

Check the degree you are seeking: Ph.D. D.C.M. D.M.A. Interfield Ph.D.: _____ Major Field Minor Field

Concentration (if applicable): _____

D. Dual Degree Applicants please complete this section if you are applying to pursue two degrees concurrently:

Academic Departments of Study: 1) _____ and 2) _____

Degrees you are seeking: 1) _____ and 2) _____

Concentrations (if applicable): 1) _____ 2) _____

PREVIOUS EDUCATION (List all undergraduate and graduate institutions you have attended. We will anticipate receiving official transcripts from each.)

Name of Institution (Do not use acronyms.)	City, State, Country of Institution	Degree (Write N/A if no degree was received or will be earned.)	Date Degree Granted or Anticipated	Major	GPA

REFERENCES (List the names of the reference providers from whom we can expect letters of recommendation.)

Name	Title and Organization	Mailing Address, Email Address and Telephone

STANDARDIZED TESTS (Arrange to have your test scores submitted by the testing agency directly to CGU.)

GRE General date: _____ verbal: _____ quantitative: _____ analytical/anal. writing: _____

GRE Subject* date: _____ score: _____ subject: _____ *(Subject test scores may not be submitted in place of General GRE scores.)

GMAT date: _____ total: _____ quantitative: _____ verbal: _____ writing: _____

TOEFL date: _____ total: _____ reading: _____ listening: _____ writing: _____ speaking: _____
(post 9/1/05)

IELTS date: _____ overall: _____ listening: _____ reading: _____ writing: _____ speaking: _____

CBEST date: _____ score: _____

CSET date: _____ score: _____

SUBJ MATTER WAIVER: _____ SUBJECT: _____

OTHER EXAM _____ date: _____ score: _____

LANGUAGE COMPETENCY

Language	Native, fluent, average, or basic

EMPLOYMENT INFORMATION (if applicable)

Number of years of post-baccalaureate work experience	Current Employer (Company/Organization) Name	Current Employment Address	Current Employment Phone	Your Position/Title

I certify that the information given by me on this application is complete and accurate. I have omitted no substantive information, and I understand that any misrepresentation may be cause for denying admission or, if discovered after admission, dismissal from Claremont Graduate University and revoking of any degree granted.

Signature: _____ Date: _____

Application for Admission (Pg. 3)
(Application Survey)

(for office use only)

Applicant Last/Family Name: _____ Applicant First Name: _____

Applicant Date of Birth: _____ - _____ - _____ Email Address: _____
Month Day Year

Term for which you are applying: Fall of 20 _____ Spring of 20 _____ Summer of 20 _____

Academic program to which you are applying: _____

Applicant Survey

Your response in the following sections is voluntary and confidential and will only be used for statistical purposes. It will not affect the status of your application.

Are you the first person in your family to pursue a graduate education? Yes No

How would you describe your race/ethnicity: American Indian/Alaska Native Asian/Pacific Islander/Hawaiian Black or African American
 Hispanic/Latino White, Non-Hispanic Other:

Will you need special services to accommodate a physical, perceptual or learning disability? Yes No

Are you a U.S. Veteran? Yes No

Are you applying for fellowship/departmental aid? No Yes (if yes, you must complete the Fellowship Application.)

Are you a U.S. citizen or permanent resident applying for minority fellowship? Yes (see instructions for required essay) No

Please check any of the following people/resources that influenced your decision to apply to CGU.

- CGU faculty member. Who? _____ (50) Your employer/co-worker (57)
- CGU staff member. Who? _____ (58) Family or friends (56)
- Current CGU student. Who? _____ (51) GRE/GMAT locator service (20)
- CGU alumna or alumnus. Who? _____ (52) GRE/GMAT forum (23)
- Claremont Colleges faculty, staff or alum. Who? _____ (53) CGU visit to your company/campus.
- Faculty member at your institution. Who? _____ (55) Which site? _____ (24)
- Peterson's Guide (13) CGU website (33)
- Other graduate school reference/guide. Which? _____ (10) Other. Please specify: _____
- Newspaper advertisement. Which paper? _____ (28) _____
- Radio advertisement. Which station? _____ (32) _____ (98)
- Other CGU promotional materials. Which? _____ (27) _____

Please rate the importance of the following factors in your consideration of CGU. Circle your choice(s).

	very important				not important	not applicable
Reputation of faculty	1	2	3	4	5	n/a
Reputation/quality of the academic department	1	2	3	4	5	n/a
CGU's overall reputation	1	2	3	4	5	n/a
Location	1	2	3	4	5	n/a
Flexibility of curriculum	1	2	3	4	5	n/a
Personal contact with CGU faculty and/or staff	1	2	3	4	5	n/a
Quality of academic facilities	1	2	3	4	5	n/a
Graduate-only institution	1	2	3	4	5	n/a
Responsiveness to your inquiry	1	2	3	4	5	n/a
Membership in the Claremont Colleges Consortium	1	2	3	4	5	n/a
CGU career services	1	2	3	4	5	n/a
Diversity of faculty and student body	1	2	3	4	5	n/a
Visit to campus	1	2	3	4	5	n/a
Influence of undergraduate advisor	1	2	3	4	5	n/a
If admitted, how important will the availability of fellowship aid be in your decision to attend CGU?	1	2	3	4	5	n/a

Other colleges/universities to which you are applying: _____

Signature: _____ Date: _____



Applicant Last/Family Name: _____ Applicant First Name: _____

Applicant Date of Birth: _____ - _____ - _____ Email Address/Phone Number: _____
Month Day Year

Term for which you are applying: Fall of 20 _____ Spring of 20 _____ Summer of 20 _____

Academic program to which you are applying: _____

Please check all that apply. Please note: Claremont College BA/MA, 4+1, or 2+1 applicants do not need to complete this form until they have completed their B.A. and are graduate-only students.

- I am applying for institutional aid (fellowship, stipend, or assistantship) from CGU.
- I am an eligible U.S. citizen or permanent resident and would like to be considered for a minority fellowship (see Application Instructions for essay requirements.)
- I will receive or will be eligible for third-party support or company reimbursement.
- I am not applying for institutional financial aid.

U.S. Citizens and Permanent Residents: To apply for **need-based financial aid**, such as Federal Loans, please complete the Free Application for Federal Student Aid (FAFSA). For your convenience, this application is available online at www.fafsa.ed.gov.

Third-Party Support or Company Reimbursement

Sponsor or Company: _____

Amount and terms of support: _____

Request for Fellowship/Departmental Aid (This section is not applicable to executive management or non-degree students).

Decisions about admissions and institutional financial support are made independently of each other. Information contained in this form and its attachments, if any, WILL NOT influence the admission decision. The information you provide is confidential and will not be shared with third parties outside CGU without your permission except in anonymous statistical form. Please be sure to attach separate sheets of paper to describe any special circumstances that would help us when considering financial support for you. **Education** applicants must submit pages one and two of their most recent federal income tax return.

I plan to take the following number of units: Fall: _____ Spring: _____ Summer: _____

Family Information

Number and ages of dependents (excluding self and spouse): _____

In your household, how many persons are dependent upon income and assets shown below? _____

Income Information (use annual figures)	previous year	current year	next year (projected)
Self (employment gross income)	\$ _____	\$ _____	\$ _____
Spouse	\$ _____	\$ _____	\$ _____
Other income	\$ _____	\$ _____	\$ _____
Specify source of other income: _____			

Expense Information (use annual figures)	previous year	current year	next year (projected)
Rent or mortgage	\$ _____	\$ _____	\$ _____
Fixed Expenses	\$ _____	\$ _____	\$ _____
<i>(expenses that will remain the same regardless of your income or where you live, e.g. loan payments, alimony, child support, car payment)</i>			
Other Expenses	\$ _____	\$ _____	\$ _____

Asset Information (current value)	Applicant and Spouse (if applicable)
Cash, savings, certificates	\$ _____
Investments (e.g. stocks, bonds, trusts)	\$ _____
Home and other real estate equity (if you rent, write Ø)	\$ _____
Trust Funds	\$ _____

Financing Your Education

Monthly payments on undergraduate loans: _____ Total borrowed: _____ Balance remaining: _____

Monthly payments on graduate loans: _____ Total borrowed: _____ Balance remaining: _____

I certify that the information provided in this form is accurate and that I have omitted no material information regarding my financial situation and understand that a later determination that this application was inaccurate may result in the withdrawal of any moneys awarded to me. I agree to promptly report any changes in the above information to my Academic Department. I understand I may be requested to provide or release academic information if requested by a fellowship donor, and understand that choosing not to do so may result in withdrawal of moneys awarded to me.

Signed: _____ Date: _____