

## *Application for Admission*



EMORY

GRADUATE  
SCHOOL  
of ARTS &  
SCIENCES

### MAILING INSTRUCTIONS

Please return your application materials as follows:

In **ENVELOPE #1**, please return directly to the Graduate School:

- Application Part 1 (attach \$50 fee)
- Official Transcript(s)

In **ENVELOPE #2**, please return directly to the department:

- Application Part 2
- Application Part 3
- Official Transcript(s)
- Three Letters of Recommendation (5A, 5B, 5C) in Sealed Envelopes
- Application Part 4 (if required)

*Application for Admission*

Full legal name \_\_\_\_\_  
Last (family) name First Middle

Under what other name(s) might documents be received? \_\_\_\_\_

Have you previously applied to any school/program of Emory?  Yes  No If so, when? (term/year) \_\_\_\_\_

Have you previously attended any school/program of Emory?  Yes  No If so, when? \_\_\_\_\_ Degree(s) earned \_\_\_\_\_

Department you wish to enter: \_\_\_\_\_

Special field: \_\_\_\_\_ Highest degree objective: (circle one) M.A., M.S., M.M., M.S.M., M.Ed., M.A.T., D.A.S.T., Ph.D.

When do you wish to enter?  Fall semester 20\_\_\_\_  Spring semester 20\_\_\_\_  Summer term 20 (Ed. Studies only)\_\_\_\_\_

Have you consulted or corresponded with any member of the Emory faculty regarding your admission?  Yes  No

If yes, with whom/when? \_\_\_\_\_

Name up to three faculty members with whom you would like to work. \_\_\_\_\_

Permanent home address \_\_\_\_\_

Permanent telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Temporary address (if different from above), valid until Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_

Temporary telephone \_\_\_\_\_

Birthdate: Mo. \_\_\_\_\_ Day \_\_\_\_\_ Yr. \_\_\_\_\_ Social Security Number: 

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Birthplace: City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Gender:  Male  Female This information used only in accordance with Title IX of the Education Amendment of 1972.

Are you a United States citizen?  Yes  No Are you eligible for United States veteran's benefits?  Yes  No

If you are a United States citizen or a permanent resident of the United States, please check the ethnic identity which is appropriate to you.

This information is voluntary and refusal to provide it will not subject you to any adverse treatment. It will be kept confidential and will be used only in accordance with Title VI of the Civil Rights Act of 1964.

African-American/Non-Hispanic  Caucasian/Non-Hispanic  Native American or Alaskan Native

Asian or Pacific Islander  Hispanic  Other \_\_\_\_\_

If you are not a United States citizen: Immigration status \_\_\_\_\_

If you are a permanent resident of the United States: Alien registration no. \_\_\_\_\_

If you are currently in the United States on a Visa: Visa Type \_\_\_\_\_

Will you maintain this status while attending Emory?  Yes  No

Country of legal permanent residence \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Person to be notified in case of emergency: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address of person to be notified: \_\_\_\_\_

Telephone number of person to be notified: \_\_\_\_\_

**GRADUATE RECORD EXAMINATION (GRE)**

Have you taken the Graduate Record Exam (GRE) general test?  Yes  No Note: the Graduate School will not accept scores more than five years old.

Date of test (if known): \_\_\_\_\_ If you have not taken the test, indicate proposed test date: \_\_\_\_\_

GRE scores (if known): Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_ Analytical writing \_\_\_\_\_

GMAT scores (if known): Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Analytical \_\_\_\_\_ Analytical writing \_\_\_\_\_  
(only applicants applying to the business school may use GMAT scores to apply)

**\$50 APPLICATION FEE** (Subject to change)

← Please attach a check or money order here for \$50 payable to Emory University.  
This is a non-refundable application processing fee. Do NOT send cash.

Continued on reverse ➡

**INTERNATIONAL STUDENTS** International students must submit scores from the Graduate Record Examination (GRE) general test. There are no exceptions to this policy, and applications will not be processed until the scores are received. Additionally, students whose native language is not English must submit evidence of level of command of the English language, as specified by the applicant's department. What evidence of level of command of the English language have you submitted or do you intend to submit?

Has this evidence been submitted?  Yes  No If no, when will this evidence be submitted? \_\_\_\_\_

Have you taken the TOEFL? \_\_\_\_\_ If yes, please give date of test and score (if known): \_\_\_\_\_

Reading knowledge of foreign languages: If you have taken the Graduate School Foreign Language Test in one or more languages, please indicate language and test date below.

Language:

\_\_\_\_\_  Excellent  Good  Fair \_\_\_\_\_  
 \_\_\_\_\_  Excellent  Good  Fair \_\_\_\_\_  
 \_\_\_\_\_  Excellent  Good  Fair \_\_\_\_\_

**EDUCATION** List in chronological order all undergraduate colleges attended and all graduate or professional schools attended:

Add additional pages as necessary. Official transcripts are required for each institution listed.

A.

Undergraduate College	Location	Dates of attendance	Major	Degree/Date received or expected	GPA
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B.

Graduate or Professional School	Location	Dates of attendance	Major	Degree/Date received or expected	GPA
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List the names of three persons from whom you will request recommendations:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Position \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 E-mail \_\_\_\_\_

Academic honors and organizations. Add additional pages as necessary. \_\_\_\_\_

Vocational or professional experience. Add additional pages as necessary. \_\_\_\_\_

In applying for admission to Emory University I agree that if admitted I will, during such time as I may be enrolled as a student, abide by all the rules, regulations, practices, and policies of Emory University as they may be at the time of my admission or as they may be changed during my continuance as a student. I further agree to pay any fines or assessments which may be made against me for violation of campus traffic or safety rules including parking, and for such charges to be added to my tuition and rent statements from Emory University.

*To the best of my knowledge, the information furnished in this application is complete, true, and correct, and that there are no omissions or misstatements in my application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Full legal name \_\_\_\_\_  
Last (family) name First Middle

Under what other name(s) might documents be received? \_\_\_\_\_

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Hispanic

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Academic honors and organizations. Add additional pages as necessary. \_\_\_\_\_

Vocational or professional experience. Add additional pages as necessary. \_\_\_\_\_

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*To the best of my knowledge, the information furnished in this application is complete, true, and correct, and that there are no omissions or misstatements in my application.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

Department \_\_\_\_\_ Entrance term and year \_\_\_\_\_

Please provide a statement of purpose that incorporates the following:

- A. Brief intellectual autobiography describing the formation of your academic interests and present concerns.
- B. The special area of interest or particular problems, theories, movements, periods, etc., upon which your study would focus.
- C. A description of tentative plans for research; either specific problems or general areas in which you hope to work.





## Financial Certificate for International Students

Graduate School, Emory University

If you are an international student applicant, you are required to certify that you have sufficient funds to cover your expenses while attending Emory University. **Please note:** This form must be completed by every international student seeking admission. This includes applicants who are awarded teaching assistantships, research assistantships, and other University awards. The admissions process is not complete until this form has been completed and returned. Visa documents are issued only when all admission procedures have been satisfied.

A current *ESTIMATE* of expenses for the 2007-2008 academic year (based on either a 9-month or a 12-months program) follows. Expenses in subsequent years will undoubtedly be higher.

	<b>9-month</b>	<b>12-month</b>
Tuition & Fees	\$31,261	\$32,601
Room	\$6,822	\$9,096
Board	\$3,600	\$4,800
Health Insurance*	\$1,895	\$1,895
Miscellaneous living expenses**	\$2,400	\$2,400
Books	\$1,500	\$1,500
Initial Costs***	\$1,250	\$1,250
<b>TOTAL</b>	<b>\$48,728</b>	<b>\$53,542</b>

\*Required for all international students, unless they show proof of comparable coverage from another source.

\*\*Does not include travel from home country.

\*\*\*Costs incurred in paying utility and housing deposits and setting up housekeeping.

**A married student planning to bring his or her family will need an additional \$8,400 per year (\$700 per month) for the spouse and \$4,200 (\$350 per month) for each child.**

In computing your expenses, you should bear in mind that students holding Student (F) or Exchange Visitor (J) visas will *NOT* be authorized to work except under extraordinary circumstances. Therefore, the applicant should not look to employment, either part-time during the academic year or full-time during the summer, as a significant means of support while at Emory University. Under *NO* circumstances are students permitted to work full-time during the academic year. Spouses of F-1 student visa holders are *NOT* permitted to work under any circumstances. Please note that your spouse may apply for work permission only if you hold a J-1 Exchange Visitor visa, and the *ONLY* for his or her and the children's support. The spouse of a J-1 Exchange Visitor is permitted to work *ONLY* with the approval from the U.S. Immigration Service; such approval is not given routinely.

Your name: \_\_\_\_\_  
Last name First name Middle name

Your address: \_\_\_\_\_

Your city and country of birth: \_\_\_\_\_

A. Check the appropriate box:  I plan to come alone.  I plan to have my dependents come later.

I plan to bring the following dependents with me: (please list dependents' names, relationship to you, date and place of birth of each, nationality of each, and date of issue and expiration date of each dependent's passport.)

B. I am applying for admission to Emory for the  fall semester 200\_\_  spring semester 200\_\_  summer semester 200\_\_

C. Check the appropriate box(es):  I do not expect to be at Emory for more than one year  
 I expect my program of study to require \_\_\_\_\_ years.  
 I expect to remain in Atlanta during summer periods.  
 I expect to attend Summer school session.

**SOURCES OF SUPPORT (in US dollars)****1<sup>st</sup> year****2<sup>nd</sup> year****3<sup>rd</sup> year****4<sup>th</sup> year**

1. Personal and/or Family Savings Name of bank: _____ <i>Note: A bank official's signature on the certification below and a current bank statement, which must be attached to this form, are required if student is supported in part or in whole by personal funds.</i>				
2. Parents and/or sponsors Print name of each person: _____ _____ <i>Note: Signature of person/sponsor required below. Supply bank certification as above and attach current bank statement to this form.</i>				
3. Your Government Print name of agency: _____ <i>Note: Enclose with the form a signed copy of your letter of award.</i>				
4. University Award from: Print type and amount of award: _____				
5. Other Please specify: _____ <i>Note: Enclose a signed affidavit from authorized person to certify accuracy.</i>				
<b>TOTALS</b>	<b>FOR MINIMUM ADEQUATE CERTIFICATION OF FUNDING, THE FIRST YEAR MUST EQUAL THE TOTAL COST ESTIMATES INDICATED ON OPPOSITE OF THIS FORM UNLESS ACCOMPANIED BY DEPENDENTS(S). DEPENDENT AMOUNTS MUST BE ADDED TO THIS AMOUNT AND STATED IN 1<sup>ST</sup> YEAR COLUMN. ALL DOCUMENTATION MUST BE SUBMITTED IN ENGLISH.</b>			

Enter the total amount of money you expect to have when you arrive at this university (tuition, fees, and university room rent are due at registration): \_\_\_\_\_

**Official Certification of Sources of Funds and Amounts**

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available. Bank Official's Signature and Seal: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Bank: \_\_\_\_\_

Address of Bank: \_\_\_\_\_

This is to certify that I have read the information given by the applicant on this form, that it is true and accurate, and that the funds are available. Sponsor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsor's name (printed): \_\_\_\_\_

Relationship of Sponsor to Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

This is to certify that the total amount of money that I have available for my first academic year of study at Emory University (including funds for spouse and children if applicable) is U.S. \$ \_\_\_\_\_, and that the total amount available for each subsequent year of study at Emory University is U.S. \$ \_\_\_\_\_. Further, I certify that the above information provided is correct and complete and that I will not require additional financial assistance from Emory University.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT RECOMMENDATION

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**TO THE APPLICANT:** Complete this part of the form, then send it to the recommender with one of the enclosed envelopes. Make sure your recommender knows the application deadline and make sure you have the envelope to the department to which you are applying.

Department/program to which you are applying \_\_\_\_\_  
Special field, and degree(s) sought \_\_\_\_\_

Name \_\_\_\_\_  
Last (family) name First Middle

Address \_\_\_\_\_

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I understand that federal legislation provides me with a right of access to this recommendation which may be waived but that no school or person can require me to waive this right.

Check one of the following statements:  I hereby WAIVE my right of access to this recommendation.  
 I do NOT waive my right of access to this recommendation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

---

Name of recommender: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Address: \_\_\_\_\_

Please return this recommendation to the student by: \_\_\_\_\_

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**APPLICANT SHOULD NOT WRITE BELOW THIS SPACE**

**TO THE RECOMMENDER:** If the student waives his or her right, the recommendation, except as used by the admission officers, will be held in confidence from the student and all other parties. If the student does not waive his or her right and matriculates, or if the student does not sign either statement above and matriculates, the student will be permitted to see this form on request. If you prefer to write a letter, please attach it to this form. Your thoughtfulness in providing this information is appreciated.

**Your recommendation may be returned to the student in a sealed envelope.** Please sign across the seal for security. Otherwise, mail directly to: Department/Program, Graduate School of Arts and Sciences, Emory University, Atlanta, Georgia 30322. Please enter the degree program the applicant is applying to on the envelope.

In what capacity and how long have you known the applicant? \_\_\_\_\_

From what I know, I recommend the applicant for (check only one):

Admission without reservation  Admission  No admission

In my opinion, the applicant as a graduate teaching assistant would be:

Excellent  Good  Acceptable  Unacceptable  No opinion

*Emory University does not discriminate in admissions, education programs, or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran's status and prohibits such discrimination by its students, faculty, and staff. Students, faculty, and staff are assured of participation in university programs and in the use of facilities without such discrimination. The University also complies with all applicable federal and Georgia statutes and regulations prohibiting unlawful discrimination. All members of the student body, faculty, and staff are expected to assist in making this policy valid in fact. Any inquiries regarding this policy should be directed to the Emory University Office of Equal Opportunity Programs, Administration Building, Atlanta, GA 30322. Telephone (404) 727-6016 (V/TDD).*

Continued on reverse ➡

I consider the applicant to be in the  upper 1%  upper 5%  upper 10%  upper 25%  upper 33%  
 upper 50%  lower 50% of the students I have taught.

	Best in years	Excellent	Above Average	Average	Below Average	Poor	No oppor- tunity to observe
		Highest 15%	Next 20%	20%	Lowest 45%		
INTELLECTUAL POWERS							
BREADTH OF GENERAL KNOWLEDGE							
ABILITY AS A SPEAKER							
ABILITY AS A WRITER							
IMAGINATION							
ACCEPTANCE OF RESPONSIBILITY							
PERSISTENCE							
INDEPENDENCE							
GENERAL ACADEMIC STANDING Taking all factors into consideration, what overall rating would you give to the applicant?							

In addition, we would appreciate your evaluation of the student's outstanding strengths and weaknesses, ability to complete successfully the proposed program of study, and motivation for graduate study. Where possible, some comparison of the applicant with other students who have attended Emory recently would be particularly helpful. (*Attach a separate page if desired.*) Information about disabilities is not requested.

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Institution \_\_\_\_\_

STUDENT RECOMMENDATION

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**TO THE APPLICANT:** Complete this part of the form, then send it to the recommender with one of the enclosed envelopes. Make sure your recommender is aware of the application deadline you are trying to meet.

Department/Program to which you are applying \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

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I understand that federal legislation provides me with a right of access to this recommendation which may be waived but that no school or person can require me to waive this right.

Check one of the following statements:  I hereby WAIVE my right of access to this recommendation.  
 I do NOT waive my right of access to this recommendation.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

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Name of recommender: \_\_\_\_\_

Title: \_\_\_\_\_

Department/Address: \_\_\_\_\_

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In my opinion, the applicant as a graduate teaching assistant would be:

Excellent     Good     Acceptable     Unacceptable     No opinion

*Emory University does not discriminate in admissions, education programs, or employment on the basis of race, color, religion, sex, sexual orientation, national origin, age, disability, or veteran's status and prohibits such discrimination by its students, faculty, and staff. Students, faculty, and staff are assured of participation in university programs and in the use of facilities without such discrimination. The University also complies with all applicable federal and Georgia statutes and regulations prohibiting unlawful discrimination. All members of the student body, faculty, and staff are expected to assist in making this policy valid in fact. Any inquiries regarding this policy should be directed to the Emory University Office of Equal Opportunity Programs, Administration Building, Atlanta, GA 30322. Telephone (404) 727-6016 (V/TDD).*

Continued on reverse ➡➡

I consider the applicant to be in the  upper 1%  upper 5%  upper 10%  upper 25%  upper 33%  
 upper 50%  lower 50% of the students I have taught.

	Best in years	Excellent	Above Average	Average	Below Average	Poor	No oppor- tunity to observe
		Highest 15%	Next 20%	20%	Lowest 45%		
INTELLECTUAL POWERS							
BREADTH OF GENERAL KNOWLEDGE							
ABILITY AS A SPEAKER							
ABILITY AS A WRITER							
IMAGINATION							
ACCEPTANCE OF RESPONSIBILITY							
PERSISTENCE							
INDEPENDENCE							
GENERAL ACADEMIC STANDING Taking all factors into consideration, what overall rating would you give to the applicant?							

In addition, we would appreciate your evaluation of the student's outstanding strengths and weaknesses, ability to complete successfully the proposed program of study, and motivation for graduate study. Where possible, some comparison of the applicant with other students who have attended Emory recently would be particularly helpful. (*Attach a separate page if desired.*) Information about disabilities is not requested.

Name \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Institution \_\_\_\_\_





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