**APPLICATION FOR ADMISSION**

**WEST VIRGINIA STATE UNIVERSITY**

**MASTER’S IN COMPUTER SCIENCE**

Return to: Computer Science Graduate Program, West Virginia State University, 817 Wallace Hall

P. O. Box 1000, Institute, WV 25112

Phone: (304) 766-3267

**Personal Data:**

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application  |  | Social Security Number  |  |
| Last Name  |  | First Name  |  | MI:  |  |
| Preferred First Name  |  | Date of Birth  |  |
| Current Address: Street or P. O. Box:  |  |
| City:  |  | State:  |  | Zip:  |  | County:  |  |
| Home Phone Number:  |  | Business/Other Phone Number:  |  |
| Email:  |  | Pager:  |  |
| Permanent Address (if different):  |  |
| Have you ever been enrolled in school under any other name(s)?  | Yes  |  | No  |  |
| If so, please provide full name(s):  |  |
| Will you be entering WVSU as an international student?  | Yes  |  | No  |  |  |

**Name of Parent, Guardian or Spouse: (May be used in case of emergency—optional):**

|  |  |  |  |
| --- | --- | --- | --- |
|  (Last, First, Middle):  |  | Relationship:  |  |
| Street or P. O. Box:  |  |
| City  |  | State  |  | Zip  |  | County  |  | Country  |  |
| Home Phone:  |  | Business/Other Phone:  |  |
| Email:  |  | Pager:  |  |

**Additional Personal Data:** (Disclosure of additional personal data is optional and will in no way affect a decision concerning your application.)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  Date of Birth:  |  | Birthplace (State):  |  | Male  |  | Female |  |
| Ethnic Status:  |  | Have you ever served in the US Armed Forces?  | Yes  |  | No  |  |
| Will you be applying for veteran’s benefits?  | Yes  |  | No  |  |

**Enrollment Data:**

|  |  |  |  |
| --- | --- | --- | --- |
| Year you plan to enroll:  |  | Semester you plan to enroll:  |  |
| State of Residency:  |  | If resident of WV, how long have you (and /or your parent  |
| or guardian) lived in WV?  | Years  |  | Months  |  |

**Academic History:**

College(s) Attended (Undergraduate):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of College/University** | **City** | **State** | **Date of Graduation** | **Degree** | **Major** |
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| I plan to take GRE in |  | I took the GRE in |  | Month |  | Year  |  |

Have you been suspended or expelled for academic or disciplinary reasons? Yes No . If you have, are you currently eligible to return to that institution? Yes No .

List the two (2) people you are asking to write letters of recommendation. They should be familiar with your educational and/or professional work and be able to evaluate your potential success as a graduate student.

|  |  |  |
| --- | --- | --- |
| **Name** | **Position** | **Address** |
| **1.** |  |  |
| **2.** |  |  |

**Application Checklist:**

I am enclosing/having requested official transcripts from the institutions where my degrees were earned.

I am enclosing/have requested official transcripts for any transfer work I would like used toward my graduate

degree.

I have requested an official score report for the GRE general test and TOEFL or IELTS, if applicable.

I am enclosing/having requested two (2) letters of recommendations.

I have enclosed the $20 (resident of WV) or $30 (non-resident) graduate application fee.

**I certify that all statements in this application are complete and true and I give the aforementioned Institutions permission to use this information for statistical and reporting purposes. I further understand that any willful misrepresentation of information given in this application may be grounds for denial of my admission or dismissal.**

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: West Virginia State University adheres to the principles of equal opportunity without regard to race, color, gender, age, creed, national origin or disability. This policy extends to all programs and activities supported by the college.