PLEASE PRINT OR TYPE, AND FILL IN ALL BLANKS.

Social Security Number __________________________ Date of Birth __________________________

Full Name _________________________________________________________________________________

(Last) (First) (Middle)

E-mail Address _____________________________________________________________________________

Permanent Address _________________________________________________________________________

Mailing Address ____________________________________________________________________________

City _______________________________ State _______________________ Zip Code ___________________

County _______________________________ Nation (If Not U.S.) ________________________________

Home Phone (_______) - ____________________________ Are you a legal resident of Mississippi? ___________

In order to accurately respond to requests from a variety of federal, state, and community entities, DSU asks you to answer the following questions:

Gender: □ Female □ Male  Marital Status: □ Single □ Married □ Separated □ Divorced □ Widowed

Religious Affiliation: ___________________________

1. Do you consider yourself to be Hispanic/Latino? ____ Yes ____ No

2. In addition, select one or more of the following racial categories to describe yourself:

□ White □ Asian □ Black or African American □ American Indian or Alaska Native □ Native Hawaiian or Pacific Islander

3. Select the answer that best describes either parent's highest level of education completed.

□ Less than High School diploma □ Bachelor Degree □ GED/High School diploma □ Master or Specialist Degree □ Some college coursework/no degree □ Doctoral or Professional Degree □ Associate Degree

List all prior colleges or universities attended, listing most recent first, INCLUDE ANY ATTENDANCE AT DELTA STATE UNIVERSITY.

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<th>INSTITUTION</th>
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ENTRY TERM: ( ) Fall 20___ ( ) Spring 20___ ( ) Summer I 20___ ( ) Summer II 20___

I hereby make application for admission to Delta State University and I agree to abide by the regulations of the University and to accept responsibility for payment of all charges incurred while I am a student. I further declare that the information on this application is complete and accurate.

APPLICANT'S SIGNATURE ___________________________________ DATE ____________________________
CHECK (✓) SPACE BESIDE YOUR PROPOSED MAJOR:

MASTER OF APPLIED SCIENCE (MAS)
   □ Geospatial Information Technology

MASTER OF ARTS IN LIBERAL STUDIES (MALS)
   □ Liberal Studies

MASTER OF ARTS IN TEACHING (MAT)
   □ Teaching (Alternate Route)
      □ Elementary Education
      □ Secondary Education

MASTER OF BUSINESS ADMINISTRATION (MBA)
   □ Business Administration
   □ Integrated Master of Business Administration

MASTER OF COMMERCIAL AVIATION (MCA)
   □ Commercial Aviation

MASTER OF EDUCATION (MED)
   □ Counseling
      □ Clinical Mental Health
      □ School Counseling
      □ Educational Administration & Supervision
      □ Elementary Education
      □ Health, Physical Education, & Recreation
      □ Secondary Education
      □ Art
      □ English
      □ History
      □ Social Science
      □ Special Education

MASTER OF PROFESSIONAL ACCOUNTANCY (MPAC)
   □ Accountancy

MASTER OF SCIENCE (MS)
   □ Community Development
   □ Sport and Human Performance

MASTER OF SCIENCE IN NATURAL SCIENCES (MSNS)
   □ Natural Science
      □ Biological Science
      □ Physical Science

MASTER OF SCIENCE IN NURSING (MSN)
   □ Nursing
      □ Nurse Administrator
      □ Nurse Educator
      □ Nurse Practitioner

MASTER OF SCIENCE IN SOCIAL JUSTICE & CRIMINOLOGY (MSJC)
   □ Social Justice and Criminology

EDUCATIONAL SPECIALIST (EDS)
   □ Counseling
   □ Educational Administration & Supervision
   □ Elementary Education

DOCTOR OF EDUCATION (EDD)
   □ Professional Studies
      □ Counselor Education
      □ Educational Administration & Supervision
      □ Elementary Education
      □ Higher Education

DOCTOR OF NURSING PRACTICE (DNP)
   □ Nursing

   □ NON-DEGREE
   □ FOR CERTIFICATION ONLY IN

ADMISSIONS DOCUMENTS

The completed paper application, immunization records, one official transcript from each institution attended, and the application fee should be sent to the following address:

Graduate Studies Office
Delta State University
Suite 239 Kent Wyatt Hall, Room 245
Cleveland, MS 38733

If required by your degree program, letters of recommendation and other supporting documents should be submitted to the Graduate Studies Office. If you have any questions, contact us at 662.846.4700 or via email at grad-info@deltastate.edu.

Delta State University is committed to a policy of equal employment and educational opportunity. Delta State University does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or veteran status. This policy extends to all programs and activities supported by the University.

Revised May 2013