APPLICATION FEE PAYMENT FORM

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Social Security Number* **Gender** ○ Male ○ Female **Birthdate** m m d d y y y y

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First Name MI

Permanent Address

Additional Address

City

State Zip Code Country

Current Mailing Address

Additional Address

City

State Zip Code Country Date Address Expires m m d d y y y y

Obtain Program Code from the Table of Graduate Programs in the Application for Graduate Admission

Program Code **Term** ○ Spring ○ Summer ○ Fall **Year**

Degree sought (choose one) ○ A.D. ○ D.M.A. ○ Ed.D. ○ Ed.M. ○ Ed.S. ○ M.A. ○ M.Acc.
○ M.A.L.S. ○ M.A.T. ○ M.B.A. ○ M.C.I.S. ○ M.C.R.P. ○ M.C.R.S. ○ M.F.A. ○ M.H.R.M. ○ M.L.E.R
○ M.L.S. ○ M.M. ○ M.P.A. ○ M.P.A.P. ○ M.P.P. ○ M.P.T. ○ M.S. ○ M.S.T. ○ M.S.W.
○ Ph.D. ○ Pharm.D. ○ Psy.D. ○ Nondegree

Citizenship ○ U.S. Citizen ○ Permanent Resident ○ Non–U.S.

Ethnicity ○ American Indian or Alaskan Native ○ Asian or Pacific Islander ○ Black, Non–Hispanic
○ Hispanic, Non–Puerto Rican ○ Puerto Rican ○ White, Non–Hispanic ○ Other

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*Social Security Number: If you do not have a Social Security Number or do not wish to disclose your number and are not applying for financial assistance, a student identification number will be assigned.