



HENDERSON STATE UNIVERSITY

GRADUATE SCHOOL

HSU BOX 7802 ARKADDELPHIA, AR 71999-0001

E-mail: grad@hsu.edu Phone: (870) 230-5126 Web: www.hsu.edu

Applicants must meet minimum academic requirements for admission as specified in the current Graduate Catalog.

- Official transcript(s) of undergraduate and graduate work, showing degree(s) and dates of attendance and graduation, must be sent electronically or by mail to the HSU Graduate School from the institution. Transcripts must be on file before any applicant may be admitted to the Graduate School.
- IMMUNIZATION** — HSU requires that students born AFTER 1956 have proof of immunization for measles, mumps, AND rubella on file with Student Health Services BEFORE the start of the semester in which the student is applying. These immunizations must have been given after 1/1/68 and after the student’s 1st birthday. Please comply with this requirement before you come to campus. You cannot complete registration or attend classes until this requirement has been met.
- New HSU graduate students must submit a \$25.00 application fee in order for their application to be processed.

1. LEGAL NAME: _____
 LAST FIRST MIDDLE

2. MAIDEN NAME: _____

3. SOCIAL SECURITY NUMBER: _____

4. SEMESTER AND YEAR APPLYING FOR: Spring ___ Sum I ___ Sum II ___ Fall ___ YEAR _____

5. GENDER: Male ___ Female ___ 6. BIRTHDATE: _____

7. ARE YOU A U.S. CITIZEN? YES ___ NO ___

If you are not a U.S. citizen, provide your Alien Number A _____

If you are not a U.S. citizen, are you lawfully present in the U.S.? YES ___ NO ___

8. ETHNICITY — Are you Hispanic or Latino? YES ___ NO ___

9. RACE — Which best describes you? ___ 1. American Indian or Alaska Native ___ 2. Asian
___ 3. Black or African American ___ 4. Native Hawaiian ___ 5. White

10. MARITAL STATUS: _____ 11. MILITARY VET? _____

11. Have you ever been convicted of a FELONY? YES ___ NO ___ If YES, what? _____

12. UNDERGRADUATE MAJOR: _____

13. ARE YOU LICENSED TO TEACH IN PUBLIC SCHOOLS? _____

IF YES, DATE OF EXPIRATION: _____ STATE: _____

14. TYPE OF TEACHING LICENSE (ELEMENTARY, SECONDARY, K-12): _____

Do you intend to pursue a graduate degree at Henderson? If so, answer the following questions. If not, skip to item 17.

15. INTENDED GRADUATE SCHOOL MAJOR: _____

16. INTENDED GRADUATE SCHOOL DEGREE OR LICENSURE: _____

17. IF SEEKING LICENSURE, PLEASE SPECIFY: _____

18. HAVE YOU PREVIOUSLY APPLIED TO ENTER HENDERSON AS EITHER AN UNDERGRADUATE OR GRADUATE STUDENT? _____ IF YES, DID YOU ATTEND? _____

19. HSU I.D. NUMBER: _____

20. LIST ALL COLLEGES AND UNIVERSITIES ATTENDED:

| NAME OF SCHOOL | CITY | STATE | DATES ATTENDED | YEAR GRADUATED | CREDIT HRS OR DEGREE |
|----------------|------|-------|----------------|----------------|----------------------|
| | | | | | |
| | | | | | |
| | | | | | |

21. PERSON TO NOTIFY IN CASE OF EMERGENCY:

LAST

FIRST

MIDDLE

22. ADDRESS FOR LINE 21: _____

STREET

CITY

STATE

ZIP

COUNTY

PHONE FOR LINE 21: () _____ — _____

23. YOUR CURRENT ADDRESS: _____

STREET

CITY

STATE

ZIP

COUNTY

24. HOW LONG HAVE YOU LIVED CONTINUOUSLY IN ARKANSAS THIS STAY? _____

25. HOME PHONE NUMBER: _____ MOBILE PHONE NUMBER: _____

26. E-MAIL ADDRESS: _____

27. WORK SITE: _____

28. WORK PHONE NUMBER: _____

29. WORK ADDRESS: _____

30. FAX NUMBER: _____

31. UPON ENTERING HENDERSON, YOU PLAN TO:

_____ LIVE IN UNIVERSITY HOUSING

_____ LIVE OFF-CAMPUS

32. DO YOU PLAN TO APPLY FOR FINANCIAL AID? _____

33. DO YOU PLAN TO APPLY FOR A GRADUATE ASSISTANTSHIP? _____

34. APPLICATION FEE \$25.00 (make check payable to the HSU Graduate School): _____

35. SIGNATURE: _____ 36. DATE: _____

Indicate by signing above that you have read and understand all the information on this application and the information you have provided is factually correct and honestly prepared.

I understand and agree that during my tenure as a student at Henderson State University, I am responsible for paying when due all charges associated with enrollment and attendance at Henderson.

The campus coordinator for the Americans with Disabilities Act and Sec. 504 of the Rehabilitation Act is the General Council to the President, HSU Box 7744.

It is the policy of Henderson State University not to discriminate on the basis of race, color, national or ethnic origin, sex, marital or veteran status, age or disability. Henderson works continually to assure compliance with applicable Federal laws, including among others, the Civil Rights Acts; the Education Amendments; the Rehabilitation Act; the Americans With Disabilities Act; the Family Education Rights and Privacy Act; the Student Right to Know Act; the Campus Security Act; and the Drug-Free Schools and Communities Act.

STATE OF ARKANSAS
STATEMENT OF SELECTIVE SERVICE STATUS
IN COMPLIANCE WITH ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY

I UNDERSTAND THAT TO BE ELIGIBLE FOR ADMISSION TO HENDERSON STATE UNIVERSITY, I MUST REGISTER, OR BE EXEMPT FROM REGISTRATION, WITH THE SELECTIVE SERVICE SYSTEM IN ACCORDANCE WITH THE MILITARY SELECTIVE SERVICE ACT, 50 U.S.C. APPX 451 ET SEQ., AS SPECIFIED IN ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY. I THEREFORE SWEAR OR AFFIRM UNDER PENALTY OF PERJURY THAT I HAVE REGISTERED WITH THE SELECTIVE SERVICE SYSTEM, OR I AM EXEMPTED FROM SUCH REGISTRATION BECAUSE OF THE FOLLOWING PROVISION(S) OF THE MILITARY SELECTIVE SERVICE ACT OR ACT 228 OF THE 1997 ACTS OF THE ARKANSAS GENERAL ASSEMBLY.

- _____ I AM A FEMALE
- _____ I AM A CURRENT MEMBER OF THE ARMED FORCES ON ACTIVE DUTY
- _____ I AM UNDER 18 YEARS OF AGE
- _____ I AM 26 YEARS OF AGE OR OVER
- _____ I AM AN EXEMPTED RESIDENT ALIEN
- _____ OTHER, SPECIFY: _____

NAME (PLEASE PRINT) _____
DATE

SOCIAL SECURITY NUMBER _____
SIGNATURE

PLEASE DO NOT WRITE BELOW THIS LINE

Accepted: ___Yes ___No Initials: _____ Date: _____