



# Application for Graduate Admission Braniff Graduate School of Liberal Arts

For the Term Beginning:

- Fall 20\_\_\_\_  
 Spring 20\_\_\_\_

- Summer I 20\_\_\_\_  
 Summer II 20\_\_\_\_  
 (Summer courses limited  
 and vary with program)

## GENERAL INFORMATION

Mr. \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Mrs. \_\_\_\_\_  
 Ms. \_\_\_\_\_  
 Last Name First Name Middle Preferred Name

Mailing Address: \_\_\_\_\_ Permanent Address (if different from mailing address): \_\_\_\_\_  
 Number & Street \_\_\_\_\_ Number & Street \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 County Telephone (\_\_\_\_) \_\_\_\_\_ County Telephone (\_\_\_\_) \_\_\_\_\_  
 E-mail address \_\_\_\_\_

Citizenship  USA  International Student Citizen of \_\_\_\_\_  
 (Check only one  U.S. Permanent Resident Date of Birth (Month, Day Year) \_\_\_\_\_  
 box and complete Copy of Green card must be provided. Place of Birth (City, Country) \_\_\_\_\_  
 related questions) Citizen of \_\_\_\_\_ Are you presently living in U.S.?  Yes  No  
 If yes, what is your current status? \_\_\_\_\_ I-94 # \_\_\_\_\_  
 If a student in U.S., where are you enrolled? \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
 Month Date Year City State Country

Ethnic Background:  Black/Non-Hispanic  American Indian/Alaskan  White/Non-Hispanic  Hispanic  Asian/Pacific Islander  
 Male  Female

Religion \_\_\_\_\_  Clergy or Religious Parish, Church or Synagogue \_\_\_\_\_

Military Status:  0 Not Applicable  1 Veteran  2 Non-Veteran; Draft Classification: \_\_\_\_\_

Do you plan to live on campus?  Yes  No (On-campus housing for graduate students is limited; call 972/721-5394 for information)

## RECOMMENDATIONS

List two persons whom you have requested to send references:  
 Name \_\_\_\_\_ Position/Institution \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## FINANCIAL AID

Are you applying for Financial Aid?  No  
 Braniff Graduate School Tuition Scholarship  
 Loan (apply directly to Financial Aid Office: 972/721-5266)

OPTIONAL—For statistical purposes only

SCHOLASTIC INFORMATION (Indicate the degree program you wish to pursue):

Interdisciplinary Doctoral Program:  
Institute of Philosophic Studies (IPS)

Concentration in:

Literature

Philosophy

Politics

Master' s Programs

American Studies

Master of American Studies

Art

M.F.A.

M.A.

Education—M.A.

English

M.A.

Master of English

Humanities

M.A.

Master of Humanities

Philosophy—M.A.

Politics

M.A.

Master of Politics

Psychology—M.A.

Theology

M.A.

Master of Theology (M.Th)

Other

Post-Baccalaureate Teacher  
Certification

Special Student (not working toward a degree at the  
University of Dallas)

I wish to take the following course(s):

\_\_\_\_\_  
\_\_\_\_\_

Will you be a full-time or part-time student?

Full-Time (9 hours or more)

Part-Time (8 hours or less)

List all colleges or universities attended. Failure to list all colleges attended will be considered omission for cause and will become reason for disciplinary action.

Institution	From	To	Degree	Major	Date Received
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High School last Attended: Name of School \_\_\_\_\_ Graduation Date \_\_\_\_\_

Street & Number \_\_\_\_\_ City/State/Zip \_\_\_\_\_

If you were registered in any educational institution under any variation of your name as it now appears on this application, please give such names here.

(Affidavit will be requested where necessary.)

\_\_\_\_\_

Have you previously applied for admission to the University of Dallas?

No

Yes: Year \_\_\_\_\_ Were you accepted? \_\_\_\_\_ Did you register? \_\_\_\_\_ Explanation \_\_\_\_\_

Have you ever been, or are you now subject to probation, suspension, or dismissal from another institution?

No

Yes: Explanation \_\_\_\_\_

Graduate Record Examination:  I have taken  I will take the GRE and will have the scores sent to the University of Dallas.

Foreign Language Proficiency: Read \_\_\_\_\_

Speak \_\_\_\_\_

Academic Honors \_\_\_\_\_

\_\_\_\_\_

**PERSONAL INFORMATION**

Please indicate your next-of-kin or those whom the University should notify in case of emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

Are you covered by accident and hospital insurance?

No

Yes: Name of Company \_\_\_\_\_ Policy Number \_\_\_\_\_

If you are employed (full or part-time), please complete the following:

Employer \_\_\_\_\_ Your position \_\_\_\_\_

Address: Street & Number/City/State/Zip \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ When did you begin employment? \_\_\_\_\_

How did you learn of the University of Dallas?

Explain fully your occupation or activities during all periods of time longer than three months when you were not in school.

If you should wish to make a more detailed statement about some aspect of this application, use an additional sheet.

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**SIGNATURE:** The application will not be considered without a signature.

I hereby certify that the information in this application is complete and accurate.

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_

The University of Dallas is an equal opportunity institution which does not discriminate on the basis of race, creed, color, sex, handicap, or national or ethnic origin in the administration of educational policies, admission practices, scholarship and loan programs, athletic participation, or other college-administered programs.

# Braniff Graduate School

United States Immigration regulations require nonimmigrant International students to verify that they will have funds available to pay for their educational, living and other expenses. The Immigration Services will not permit an International student on a student visa to work off-campus for at least one academic year while in the United States, and after one year a student must obtain employment authorization. International students at the Braniff Graduate School must provide evidence of at least US \$17,750 per year to finance their required tuition and living expenses before applying for a student visa.

## Statement of Support

This is your statement of financial resources for education purposes. The total estimated educational and living expenses for each International student are \$17,750 for a 9-month period of study. This figure is an estimate based on housing costs for a single student who shares expenses with a roommate, and does not include travel costs to and from the student's home country.

1. Name \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_

3. Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status: Single \_\_\_\_ Married \_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_  
Month Day Year

For dependents who will accompany the student to the US, provide the following information and show an additional \$3,050 per year.

Full Name	Relationship to Student	Date of Birth	Place of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete the following and indicate every source from which you will receive financial support. Statements from the bank, employer, or government must be on official letterhead, and must be signed by an official representative. Family or personal sponsor must also sign the Sponsor's Statement below or provide a letter of guarantee of financial support. Bank affidavits which support the statement must accompany this form.

<input type="checkbox"/> Personal Funds (Bank affidavit must be attached)	\$ _____
<input type="checkbox"/> Family Funds (Sponsor's statement and Bank affidavit must be attached)	\$ _____
<input type="checkbox"/> Government or Scholarship Loan (Attached letter from contributing organization)	\$ _____
<input type="checkbox"/> Other (Sponsor's statement and Bank affidavit must be attached)	\$ _____
TOTAL funds available per academic year (Must total at least \$17,750)	\$ _____

**IMPORTANT:** Your signature of agreement to the following statements will be an indication that you understand your obligatory final commitment to the University of Dallas. This form will be returned to the applicant if not completed in its entirety.

- (1) I certify that the above information is true and correct and that I have attached affidavits which support this information.
- (2) I certify that I will have a minimum of \$17,750 to meet my expenses for each 9-month academic period I plan to study at the University of Dallas.
- (3) I certify that I will have an additional \$3,050 per year for any dependents (spouse or children) who accompany me to the United States.
- (4) I certify that I can make the necessary arrangements to have all funds transferred to the United States.
- (5) I understand that I will be required to purchase the health insurance required by the University of Dallas for non-immigrants in the United States.

\_\_\_\_\_  
Applicant's Signature Date

Sponsor's Statement: I affirm that I will make available to \_\_\_\_\_ (applicant's name) the amount above during each year of academic study at the University of Dallas. I certify that I am capable of providing such support and that the funds will be made available when needed. I have provided a certified statement from my bank to verify capability to provide the stated funds.

Name \_\_\_\_\_ Relationship to Applicant \_\_\_\_\_  
Address \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form to: Admissions Office, Braniff Graduate School, University of Dallas, 1845 E. Northgate Dr., Irving, TX 75062. USA

# University of Dallas Braniff Graduate School

Liberal Arts

This section is to be filled in by the applicant and given to the recommender (please print or type). This recommendation will not be accepted unless it is signed by both the applicant and recommender.

RECOMMENDER: For MASTER' S and DOCTORAL applicants, please send this form directly to the Director of Graduate Liberal Arts Admissions and Graduate Coordinator, Braniff Graduate School of Liberal Arts, University of Dallas, 1845 E. Northgate, Irving, TX 75062-4736. This form must be signed by both the applicant and the recommender and must be attached to any separate letter of recommendation which the recommender may choose to write.

TEACHER' S CERTIFICATION applicants, please send this to Kay Haaser, Certification Officer, Department of Education, University of Dallas, 1845 East Northgate Drive. Irving, Texas 75062-4736

Applicant' s Name \_\_\_\_\_  
(print or type)

Home Address \_\_\_\_\_

Present Address \_\_\_\_\_  
(if different from home address)

I have applied for admission to the Braniff Graduate School of Liberal Arts for the:

Ph.D. program in \_\_\_\_\_ for the \_\_\_\_\_ semester.

Master' s program in \_\_\_\_\_ for the \_\_\_\_\_ semester.

Special Student (not seeking a degree) for the \_\_\_\_\_ semester.

Post Baccalaureate Teacher Certification program for the \_\_\_\_\_ semester.

Previous University or College(s) attended: \_\_\_\_\_

Date(s) of Attendance \_\_\_\_\_ Degree(s) obtained \_\_\_\_\_

I have  I have not  waived access to this information, this statement by me being necessary to comply with Federal Law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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The Dean of the Graduate School will appreciate a statement from you about the applicant named above.

1. How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

2. Please rate the applicant relative to other students in the same field in recent years. Grade on a scale from 1 to 10 where 10 is the highest.

a) Academic Performance \_\_\_\_\_

b) Intellectual Potential \_\_\_\_\_

c) Motivation for the proposed study \_\_\_\_\_

3. Briefly comment on the applicant's academic strengths and weaknesses.

4. Why do you think the applicant is suited for the program in question?

5. Please comment on any factor which might bear upon the applicant's ability to complete an advanced degree and fulfill his/her career objectives.

6. Please check the most appropriate category:

Recommend with Reservation  Recommend

Highly Recommend  Most Highly Recommend

Comments:

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

Name \_\_\_\_\_ Title \_\_\_\_\_

(print or type)

Institution or Business \_\_\_\_\_ Department \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_