ATTACH CHECK FOR NON-REFUNDABLE APPLICATION PROCESSING FEE OF $20.00

APPLICATION FOR ADMISSION TO A GRADUATE PROGRAM
THE FLORIDA AGRICULTURAL AND MECHANICAL UNIVERSITY

OFFICE OF GRADUATE STUDIES
Tallahassee, Florida 32307

Applying For Admission

Fall - Aug. 20_____

Spring - Jan. 20_____

Summer

May 20_____ June 20_____

SOCIAL SECURITY NUMBER

SEX

( ) Male ( ) Female

Please read carefully before completing application

GRADUATE DEGREE-SEEKING students must meet the following requirements:

A. At least one of the following:
   Earned a "B" (3.0) average or better for the last 60 semester hours (or equivalent) of undergraduate work attempted, and/or
B. A combined score (verbal and quantitative) of 1000 or better on the Graduate Record Examination (GRE), or a minimum score of 600 on the Graduate Management Admission Test (GMAT)

GRADUATE DEGREE-SEEKING students must submit the following:

A. Official undergraduate transcript(s) from all institutions attended
B. GRE or GMAT Scores

While an extremely small number of applicants, who are deficient in the aforementioned criteria may be admitted provisionally, applicants should be cognizant that admission to graduate studies is primarily determined by their ability to fulfill the above requirements (Check with the appropriate college, school or institution for additional criteria).

Students who do not wish to pursue a degree or those who do not meet the requirements for admission to a graduate program may attend Florida Agricultural and Mechanical University (FAMU) under the non-degree seeking POST BACCALAUREATE classification. Individuals admitted to this category may enroll in graduate courses subject to availability of class space and approval of the college, school or institute concerned.

The applicant must submit official transcripts of his/her academic record from each college or university attended. The transcript(s) must provide evidence of the applicant's bachelor's degree. Unofficial transcripts in the possession of applicants are not acceptable.

It is the applicant's responsibility to make arrangements to take the GRE or the GMAT. The Educational Testing Service (ETS) will mail the official test results directly to the Admissions Office. Foreign applicants whose native language is not English must also take the Test of English as a Foreign Language (TOEFL) and have their scores submitted by ETS. The GMAT is required for admission to the School of Business and Industry.

Health records are required of students registered for six semester hours or more (nine hours are considered as full-time for fee purposes). Therefore, if an applicant indicates full-time (6 semester hours) on his/her application, a Medical Records Form will be mailed to the applicant. The completed Medical Records Form should be sent directly to the Student Health Clinic Office.

Questions regarding housing and/or Financial aid should be directed to the appropriate offices.

ALL NECESSARY CREDENTIALS MUST BE ON FILE BEFORE ADMISSION WILL BE CONSIDERED.
APPLICANT MUST SUBMIT RESULTS OF THE GRE REGARDLESS OF SCORES.

IMPORTANT: **INCOMPLETE FORMS WILL BE RETURNED WITHOUT PROCESSING. PLEASE PRINT IN INK**

1. This application is for enrollment as:
   - o Graduate (Master's Degree)
   - o Post Baccalaureate (Non-Degree)
   - o Former student RETURNING (no application fee required)
   - o ONE TERM enrollment only for transfer credit (TRANSIENT)
   - o OTHER (Specify _____

2. Enter your Social Security Number. This will be your official student number. If you do not have a Social Security number, obtain one from the nearest Social Security Office prior to filling out this application.

   SOCIAL SECURITY NUMBER

3. Exact legal name.
   Mr. o
   Mrs. o _____
   Miss o (last) (First) (Middle) (Maiden, if any)
   Please print full name, last name first, one letter to a block, one block between names. Fill in as much of your name as possible.

4. Nation of Citizenship

5. Birthdate (Use Numbers)

6. Age

7. Sex o Male o Female

8. Ethnic Origin
   - o White (Not of Hispanic Origin)
   - o Black (Not of Hispanic Origin)
   - o American Indian or Native Alaskan
   - o Asian or Pacific Islander
   - o Hispanic
   - o Other (Specify) _____

9. Marital Status
   - o Single
   - o Married
   - o Widowed
   - o Divorced
   - o Legally Separated

10. Please indicate your religious affiliation if you wish to have the appropriate campus organization advised of your presence.

11. Present mailing address _____ Phone: Area _____ Number _____
    (Number & Street) (City) (County) (State) (Zip Code)

12. Last date to use address in item 11.

13. Address to use after date in item 12. Phone: Area _____ Number _____
    (Number & Street) (City) (County) (State) (Zip Code)

14. What is your permanent legal address? _____
    (Number & Street) (City) (County) (State) (Zip Code)

15. How long have you actually resided at the address indicated in item 14?

16. When do you plan to enter the university?
    - o August, 20
    - o January, 20
    - o June, 20
    - o _____, 20 _____

17. Will you be working towards a degree? o Yes o No If YES, Specify What Degree

18. What is your planned major? (Refer to list of colleges and majors).

19. In which academic division (school or college) of the university do you wish to enroll? (Refer to catalog)

20. Will you be working for teaching certification? o Yes o No If YES, specify o Elementary o Secondary Type: o Initial o Advanced o Time Extension o New Field

21. Do you plan to enroll your first term for o Part time (5 hours or less) o Full time time (9 hours or more)

22. List below in Chronological order every college or university you have ever attended.

Name of School	Location	Dates of Attendance				Degrees with dates	
		From		To		Earned Degree Date	Expected Degree Date
		Month	Year	Month	Year		

23. If you have taken, or plan to take, any of the following tests, indicate date(s) below.
    - o ATGSB (Admission Test for Graduate Study in Business) _____, 20, _____
    - o GMAT (Graduate Management Admissions Test) _____, 20, _____
    - o GRE (Graduate Record Examination) _____, 20, _____
    - o TOEFL (Test of English as a Foreign Language) _____, 20, _____
    - o Other (Specify) _____, 20, _____

24. If you plan to apply for veteran's educational benefits, under which will you qualify?
    - o Public Law 89-358 (G.I. Bill)
    - o Public Law 364 (War Orphans Bill)
    - o Public Law 894 (Disabled Veterans Bill)

    Enter your claim number only if you are claiming veteran's benefits.
    (if not yet assigned, please supply as soon as possible) C

25. Name of parent, spouse or legal guardian:

    Citizenship _____

    Relationship _____

26. Permanent address of parent, spouse or legal guardian — Phone: Area _____ Number _____

(Number & Street) (City) (County) (State) (Zip Code)

27. Parent, Spouse or legal guardian's current address (if different from item 26) — Phone: Area _____ Number _____

(Number & Street) (City) (County) (State) (Zip Code)

28. Have you any physical disability? o Yes o No

29. Have you ever had an illness of physical or emotional origin requiring sustained treatment or frequent absence from school or work? o Yes o No

31. Are you currently charged or have been convicted or found guilty (even if adjudication has been withheld) of violating any Federal or state law or municipal ordinance other than minor offenses involving a fine of $25.00 or less? o Yes o No

32. If you have answered yes to any of items 28 through 31, please give details:

33. Non U.S. Citizens Only:

What Visa do you presently hold? o F1, o F2, o J1, o J2, o None o Other (Specify) Date _____

o F1, o F2, o J1, o J2, o None o Other (Specify) _____

What institution issued your last I-20? _____

If permanent immigrant, give your alien registration number as shown on your immigration Form I-151. _____

IMPORTANT: EACH APPLICANT MUST READ AND SIGN THE FOLLOWING SECTION

I certify that the information given in this application is complete and accurate and I understand that making false or fraudulent statements within this application or residence affidavit may result in disciplinary action, denial of admission and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulations of the University. Should any of the information I have submitted change prior to my entry to the university, I will immediately notify the Office of Graduate Studies.

I understand that I must submit a check or money order for $20.00 with this application.

_____ Applicant's Signature

Social Security Number

_____ Date

DO NOT FORGET TO EXECUTE THE APPROPRIATE SECTION ON PAGE 4.

STATE UNIVERSITY SYSTEM OF FLORIDA - INFORMATION FOR RESIDENCE CLASSIFICATION

A resident affidavit must be filed by each student applying for admission to any SUS institution in Florida

The basic rule of Florida residence states that a **Florida student** is a person (or if the person is less than 18 years of age, the parent or legal guardian) who has domicile in and has resided in the state of Florida for at least twelve (12) consecutive months immediately preceding the first day of classes of the academic term for which the classification is to take effect.

In determining eligibility for classification as a **Florida student** the university will take into consideration actions taken by the student (or if applicable, the parent or guardian) which show that residence of 12 months has been established in the State of Florida. Such actions should include registering to vote in Florida, obtaining a Florida Driver's License, registering motor vehicles in Florida, and any other action which shows that permanent residence has been established in this state. If such actions have not been taken, an explanation must accompany the affidavit.

The following are special categories and are treated as exceptions to the basic rule indicated above.If you feel there is a possibility that you might qualify under one of these categories, indicate that category below and complete the affidavit. Detailed documentation as indicated for the category must be provided.

_____ Members of the Armed Services stationed in Florida on active duty, their spouse and dependent students. (Provide a copy of current orders, plus proof of marriage and/or dependency if applicable.)

_____ Veterans of the Armed Forces with 20 or more years of active service who move to Florida within one year of retirement, the spouse and dependent students. (Provide copy of DD-214, proof of move to Florida within one year of retirement, plus proof of marriage and/or dependency if applicable.)

_____ Full time school teachers and faculty of community colleges under current teaching contract in Florida, their spouses and dependent students. (Verification of full-time employment from school, plus proof of marriage and/or dependency if applicable.)

_____ Full-time faculty, administrative and professional, and career service employees of the State University System, their spouses and dependent students, (Provide letter from institution's Director of Personnel reflecting status as full-time employee, plus proof of marriage and/or dependency if applicable.)

_____ Florida residents living in the Panama Canal Zone who have not established residence elsewhere, their spouses and dependent students. (Provide proof of previous Florida residence, plus proof of marriage, and/or dependency if applicable.)

_____ Florida residents who had residency interrupted by service in the armed forces , Peace Corps or other government-sponsored volunteer organization. (Military service: Provide proof of home of record, periods of actual residence in Florida , date and state from which you last entered active military service, date and state of last voter registration. Peace Corps; etc: Provide letter certifying participation in program and proof of previous Florida residency.

The following affidavit is provided **for the person claiming Florida Residency** to make a statement of facts which may be used in determining eligibility for classification as a Florida resident for tuition purposes.

Please Print

FLORIDA RESIDENT AFFIDAVIT

Name of the student _____ Social Security No. _____
FIRST MIDDLE LAST

Name of claimant to student: _____
FIRST MIDDLE LAST

Relationship of claimant to student _____

Permanent legal address of claimant: _____
NUMBER STREET CITY STATE ZIP

Date claimant began current residence in Florida: _____
MONTH DAY YEAR

Claimant's Florida Drivers License No.: _____ Date Issued: _____

Claimant's Vehicle Registration: _____ County: _____ Date: _____

Claimant's Florida Voter Registration: County: _____ Date: _____

Non-U.S. Citizen Only: Permanent Resident Alien Number and Date card issued: _____

Vietnamese or Cuban Parole Card and date issued: _____

I certify that I have established Florida domicile and residency as indicated above and that it is my intention to make Florida my permanent home.

_____
Signature of person claiming Florida residency (in ink)

_____
Date

NON-FLORIDA RESIDENTS ONLY

I understand that I do not qualify as a Florida resident for tuition purposes for the term for which this application for admission is submitted and that if I should qualify for some future term, it will be necessary for me to file a Residence Affidavit at that time in order to have my classification changed.

_____ _____
Signature in ink Date

RECOMMENDATION FORM

FAMU School of Architecture
Graduate and Professional Programs
1936 South MLK Blvd
Tallahassee, FL 32309
(850) 599-3244

PART I
TO THE APPLICANT

Please complete Part I of this form. Your reference should complete Part II and return it to the School.

Applicant's name _____ S.S. # _____

Email Address _____ Phone. # _____

The family Educational Rights and Privacy Act of 1974, as amended, provides an applicant with the right to review this recommendation once admission is awarded. The Act also allows an applicant to waive this right of future access, but no school or person can require waiver of this right.

Please sign and date the following statements.
I have read and understand this statement of the federal law concerning my right of future access to this recommendation form.

I waive my right of future access to this recommendation. I authorize the reference listed above to provide a candid evaluation and all relevant information to Florida A&M University.

Signature _____ Date: _____

I do not waive my right of future access to this recommendation, but I authorize the reference listed above to provide a candid evaluation and all relevant information to Florida A&M University.

Signature _____ Date: _____

PART II
TO THE RECOMMENDER

The applicant indicated above is applying to a Professional Program at the Florida A&M University School of Architecture. Your comments and candid evaluation are very important in helping us select students. Please return this completed form directly to us. Thank you.

A. How long, and in what capacity have you known the applicant?

_____

_____

_____

FAMU SOA
RECOMMENDATION FORM (CONT.)

B. Please use the table below to rate the applicant in relation to other students you have known or taught.

Characteristic	Truly Exceptional	Outstanding (top 10%)	Very Good (top 25%)	Good (top 40%)	Average (mid 40%)	Below Average (low 40%)	No Basis for Judgement
Intelligence							
Individuality of Thought/Creativity							
Initiative/Motivation							
Judgement/Maturity							
Written Communication Skills							
Oral Communication Skills							
Integrity							

C. Considering this applicant's academic record, special abilities, ambition, and determination, please summarize your recommendation:

_____ Recommend strongly

_____ Recommend

_____ Recommend with reservation

_____ Cannot Recommend

D. You may attach a separate sheet that provides additional information.

Name _____ Title _____

Institution/ Company _____

Signature _____ Date _____

The Recommender (and not the student) should return the form to the

FAMU School of Architecture
Graduate and Professional Programs
1936 South MLK Blvd
Tallahassee, FL 32309
(850) 599-3244 or fax (850) 599-3435