

# APPLICATION FOR GRADUATE ADMISSION

## OREGON STATE UNIVERSITY

Office Use Only

Graduate Admissions Chemistry  
141 Gilbert Hall  
Corvallis, OR 97331-3004  
Web: www.chemistry.oregonstate.edu

Submit original application form along with all required documents to the Chemistry Graduate Admissions. A statement of research interests should be attached on a separate page.

- 1. TERM APPLYING FOR:**  Summer  Fall  Winter  Spring Year: 20\_\_\_\_\_
- Have you ever registered at Oregon State? As  Undergraduate  Graduate  Postbaccalaureate  Nondegree  
If so, when? \_\_\_\_\_, 19/20 \_\_\_ to \_\_\_\_\_, 19/20 \_\_\_\_\_
- 2. SOCIAL SECURITY NUMBER:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Please refer to the Social Security Number Disclosure and Consent Statement on back page of this application.
- 3. LEGAL NAME:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
*If international applicant, please write name as it appears on your passport*
- 4. OTHER NAME(S)** that may appear on your academic records:  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
- 5. CURRENT MAILING ADDRESS:** P.O. Box or Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County or Province \_\_\_\_\_ Nation \_\_\_\_\_  
Home Phone (include area code) \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_
- 6. GENDER:**  Male  Female
- 7. DATE OF BIRTH:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- 8. CITIZENSHIP STATUS** (please fill in only one)  
 U.S. Citizen  Permanent Resident - resident number \*A- \_\_\_\_\_ Date issued (mo/day/yr) \_\_\_\_\_  
*\*Attach a photocopy of both sides of your Resident Alien card*  
 Non-immigrant Alien - country of citizenship \_\_\_\_\_ Type of visa currently held \_\_\_\_\_
- 9. CONTACT INFORMATION:** In case of emergency, the University may contact:  
 Mr. & Mrs.  
 Mr.  Ms. Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_
- PERMANENT ADDRESS:** P.O. Box or Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Nation \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone (include area code) \_\_\_\_\_ Work Phone \_\_\_\_\_
- 10. ETHNIC IDENTITY (OPTIONAL)**  
Please indicate your ethnic identity by checking one of the following. (Note: In compliance with federal reporting requirements, OSU must seek to identify the ethnic background of applicants for admission. You are encouraged to supply this information, but may decline without in any way prejudicing your application.)
- |  |   |
|--|---|
| <input type="checkbox"/> <b>W</b> White, European American, Non-Hispanic   | <input type="checkbox"/> <b>B</b> Black, African American, Non-Hispanic                               |
| <input type="checkbox"/> <b>A</b> Asian American _____<br><small>please specify ethnic group</small>   | <input type="checkbox"/> <b>ME</b> Middle Eastern _____<br><small>please specify ethnic group</small> |
| <input type="checkbox"/> <b>P</b> Pacific Islander _____<br><small>please specify ethnic group</small>   | <input type="checkbox"/> <b>NA</b> North African _____<br><small>please specify ethnic group</small>  |
| <input type="checkbox"/> <b>H</b> Hispanic American _____<br><small>please specify ethnic group</small>  | <input type="checkbox"/> <b>D</b> Decline to Respond  |
| <input type="checkbox"/> <b>IA</b> American Indian, Alaskan Native _____   |   |
| <input type="checkbox"/> <b>O</b> If none of the above is appropriate for you, please write in the ethnic/racial identification you use: _____ |   |
- 11. DEGREE SOUGHT:**  MS  MA  EdD  EdM  MAg  MAIS  MAT  MBA  MEng  MF  MFA  MOcE  
 MPH  MPP  MSE  PhD  
 Check if Extended Campus. List Extended Campus Location \_\_\_\_\_
- 12. ACADEMIC MAJOR:** All applicants (except MAIS applicants) must complete 12a, 12b, 12c:  
12a. Department of major: **Chemistry** 12b. Major field \_\_\_\_\_ 12c. 4-digit major code (from graduate admission folder): **5200**
- 13. ACADEMIC MAJOR** (MAIS 4-digit code is 9900): MAIS applicants only, must complete 13a, 13b, 13c:  
13a. Primary field: **Not applicable** 13b. Secondary field: **Not applicable** 13c. Third field: **Not applicable**  
Do you wish to be considered for a graduate assistantship?  Yes  No If yes:  Teaching Assistantship?  Research Assistantship?

**14. LIST IN CHRONOLOGICAL ORDER ALL SCHOOLS ENTERED OR ATTENDED:**

**INCLUDE EXTENSION OR CORRESPONDENCE COURSES. USE ADDITIONAL PAPER IF NECESSARY.**

Name of institution	Location (city and state)	Months and years attended	Degree and year earned
_____	_____	from _____ 19/20 to _____ 19/20	_____
_____	_____	from _____ 19/20 to _____ 19/20	_____
_____	_____	from _____ 19/20 to _____ 19/20	_____

**15. OUS EMPLOYMENT:** Are you employed as a faculty member in the Oregon University System?  Yes  No  
If yes, specify: University \_\_\_\_\_ Department \_\_\_\_\_ Rank \_\_\_\_\_

**16. ARE YOU NOW WORKING ON A DEGREE YOU EXPECT TO RECEIVE BEFORE COMING TO OSU?**  Yes  No  
Institution \_\_\_\_\_ Degree \_\_\_\_\_ Date \_\_\_\_\_

**17. PROFESSIONAL REFERENCES.** Three letters are required of all students, addressed to the proposed major department. Applicants with a master's degree should include a letter from their major professor. List the names and addresses of your three references below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**18. RESULTS OF GRADUATE ADMISSION TESTS:**

TOEFL (International students only): Total \_\_\_\_\_ Date \_\_\_\_\_

GRE: V \_\_\_\_\_ Q \_\_\_\_\_ A \_\_\_\_\_ Date \_\_\_\_\_ Subject exam \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

Other tests: Test \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_ Test \_\_\_\_\_ Score \_\_\_\_\_ Date \_\_\_\_\_

**19. GPA:** (A=4.00) on last 90 graded quarter (60 semester) credits of first baccalaureate degree (U.S.), or last 2 years of undergraduate courses (International):  
\_\_\_\_\_ GPA on graduate work: \_\_\_\_\_

**20. TUITION CLASSIFICATION FOR ENROLLMENT:** Are you claiming tuition classification as an Oregon resident?  Yes  No  
**If yes, completion of all questions in this section is required. Failure to do so may result in your classification as a nonresident.**

	You	Your Parent (if you are under 24)
Date of continuous physical presence in Oregon (mo/yr)	from _____ to _____	from _____ to _____
Date current Oregon Driver's License was issued (mo/yr)	_____	_____
Date of Oregon Voter Registration (mo/yr)	_____	_____
Date of employment in Oregon (mo/yr)		
Employer _____	from _____ to _____	from _____ to _____
Location: City _____ State _____	from _____ to _____	from _____ to _____
Employer _____	from _____ to _____	from _____ to _____
Location: City _____ State _____	from _____ to _____	from _____ to _____
Dates of military service, if applicable (mo/yr)	from _____ to _____	from _____ to _____
Did you enter the military service from Oregon? <input type="checkbox"/> Yes <input type="checkbox"/> No		
List last 2 years Oregon income taxes have been filed	19/20 _____ 19/20 _____	19/20 _____ 19/20 _____
Are you seeking admission as a WICHE Western Regional Graduate Student? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, from what state are you claiming residence? _____		

**APPLICANTS WITH DISABILITIES:** If you have a physical or learning disability and need reasonable accommodation or information about services available, please contact the Director of Services for Students with Disabilities, Oregon State University, 200 Kerr Administration Building, Corvallis, OR 97331-2133. Phone: Voice 541-737-4098. TDD 541-737-3666.

**21. CERTIFICATION:** I certify that I have provided complete and accurate responses to the items on this application. The documents I have provided are unaltered copies of the original documents. I authorize release of any information submitted by me in connection with this application to any person, firm, corporation, association, or government agency, but only to verify or explain information.

**SIGNATURE (REQUIRED)** \_\_\_\_\_ Date \_\_\_\_\_

**22.** (Optional) I authorize \_\_\_\_\_ to make inquiries on my behalf during the application process.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**23. NONDISCRIMINATION AND DIVERSITY STATEMENT.** Oregon State University welcomes all qualified students and does not discriminate on the basis of race, color, national origin, sexual orientation, age, religion, marital status, disability, or Vietnam-era veteran status. OSU actively promotes a diverse learning environment and expects all students, faculty and staff to honor and support this important university core value.

**SOCIAL SECURITY NUMBER DISCLOSURE AND CONSENT STATEMENT:** As an eligible educational institution OSU must get your correct social security number (SSN) to file certain returns with the IRS and to furnish a statement to you. The returns OSU must file contain information about qualified tuition and related expenses. Privacy Act Notice — Section 6109 of the Internal Revenue Code requires you to give your correct SSN to persons who must file information returns with the IRS to report certain information. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. For more information please refer to IRS code 6050S. By providing your SSN you also authorize OSU and OUS to use your SSN for tracking and statistical purposes as outlined in the OUS Disclosure and Consent Statement contained in the printed and Web versions of the OSU Schedule of Classes for each term.

Check here if you wish to use a student ID number other than your SSN while attending OSU. OSU will forward to you information regarding the issuance of a student ID number. International students who have no Social Security Number will be assigned a Student Identification Number.