

# 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.

# INTERNATIONAL STUDENT CERTIFICATION OF FINANCES 2004-2005

All international applicants to Oregon State University, including applicants for assistantships, should complete this form and return it to the Office of Admissions.

Please type or print carefully.

1. Name: \_\_\_\_\_  Male  Female  
*Last (Family) First Middle*

2. Current Mailing Address: \_\_\_\_\_  
Valid until: \_\_\_\_\_ Phone \_\_\_\_\_

Home Country Mailing Address: \_\_\_\_\_

3. Date and place of birth: \_\_\_\_\_  
*month/day/year City Country*

4. Country of citizenship: \_\_\_\_\_ 5. Country of legal permanent residence: \_\_\_\_\_

6. Proposed Degree:  Bachelor's  Master's  Doctoral 7. Proposed field of study \_\_\_\_\_

8. Marital status:  Single  Married Will any of your dependents (spouse and children) come with you?  Yes  No

If yes, how many? \_\_\_\_\_ Names, relationship to you, country of birth, and dates of birth (month/day/year)

9. Are you currently in the United States?  Yes  No

**If you answered yes, complete parts A, B & C. Please send a copy of your I-20 form or DS-2019 form.**

A. Visa Classification

Student (F-1) I-20 expiration date \_\_\_\_\_

Exchange Visitor/Student (J-1) DS-2019 expiration date \_\_\_\_\_

Other (please specify, including expiration date) \_\_\_\_\_

B. Name of institution you are attending if you are a student \_\_\_\_\_

C. Do you wish to remain on this Visa?  Yes  No

**If you answered No, please indicate the type of Visa you will obtain for entry into the U.S.**

Student (F-1)  Exchange Visitor/Student (J-1)  Other (please specify) \_\_\_\_\_

## TRANSFER REPORT FORM

**If you are studying at a U.S. college or university other than OSU, you must submit this form after it has been filled out by your current international student advisor. OSU English Language Institute students must also have this form completed. Please mail with completed application. Do not send separately.**

1. The student last attended \_\_\_\_\_ term 200\_\_\_\_, which ended on \_\_\_\_\_.

2. Please indicate the student's last/current immigration status:

must apply for reinstatement

enrolled for a full course of study

reinstatement is pending at INS

other \_\_\_\_\_

3. INS admission number, if known \_\_\_\_\_

\_\_\_\_\_  
*Signature of International Student Advisor*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Name of College or University*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*E-mail address*

## DECLARATION OF FINANCES

Following U.S. visa regulations, Oregon State University can provide a Letter of Admission only after you submit satisfactory evidence that you have adequate funds for your proposed program of study. **Current financial documents** must accompany this form. An acceptable financial document must have been issued not more than nine (9) months before the term you intend to enroll at OSU. Please keep copies of these documents to present to the U.S. Consulate at your visa interview and to U.S. Immigration officers at your port of entry. **U.S. Immigration regulations restrict student employment. You should not expect to supplement your income with employment during your program of study.** If you are applying for an assistantship, please contact the department for more information. Normally, there are few assistantships and many candidates. Most awards are made to students in their second year at OSU.

Costs: An undergraduate student at OSU will need at least \$30,125, and a graduate student at OSU will need at least \$28,335 for the calendar (12-month) year. These figures cover the cost of tuition and a modest estimate for room, board, books and supplies, insurance (required of all international students and accompanying family members), and incidental expenses. Costs for summer term tuition and books are not included in the above estimates. Summer tuition and books are estimated to be an additional \$1,350 for undergraduates and \$1,710 for graduates. These figures are estimates for the 2003-04 academic year and are subject to change. Cost tends to increase from year to year. To help you make your financial plans, be aware that undergraduate bachelor's degree programs are typically from 4 to 5 years in length; master's degree programs are typically 2 to 3 years in length, and doctoral programs typically 3 to 6 years in length. You and/or your sponsor must be prepared to meet the ongoing costs of your educational and living expenses, not only for the first 12 months, but for the entire duration of your studies.

	Undergraduate	Graduate	<b>ADDITIONAL EXPENSES:</b>	
Tuition (9 months)	\$17,060	\$15,095	First dependent	\$7,560
Fees (9 months)	1,215	1,390	(12 months, including insurance)	
Room/Board (12 months)	6,300	6,300	Subsequent dependents	3,360
Incidentals (12 months)	2,860	2,860	(12 months, including insurance)	
Books (9 months)	1,140	1,140	Summer tuition and books: Undergraduate	1,350
Insurance (12 months)	<u>1,550</u>	<u>1,550</u>	Graduate	1,710
<b>Total</b>	<b>\$30,125</b>	<b>\$28,335</b>		

Please list and document the amount of money and the sources of your financial support during your program of study at OSU.

SOURCE OF FUNDING	DOCUMENTS REQUIRED	AMOUNT OF SUPPORT
Personal Savings	Original bank letter showing opening date, average balance, and current balance of account, not more than nine (9) months before the term you intended to enroll at OSU.	\$ _____
Parent or Sponsor	Same as above plus affidavit of support. (See below)	\$ _____
Salary While On Leave	Original, validated letter from employer.	\$ _____
Government or Sponsoring Agency	Original or certified copy of award letter.	\$ _____
Oregon State University	Copy of award letter or source of anticipated support.	\$ _____

### AFFIDAVIT OF SUPPORT

**To be completed by parent, family member, guarantor, or applicant even if support is personal funds.**

I hereby certify that I am willing and able and that I do promise to provide the amount of \$ \_\_\_\_\_ per year payable in U.S. dollars for the educational expenses while at OSU of (student's name) \_\_\_\_\_ who is my (relationship) \_\_\_\_\_ . Documentation of my financial resources in the form of a bank letter accompanies this affidavit of support.

Signature of Sponsor \_\_\_\_\_ Name of Sponsor (printed) \_\_\_\_\_

Address of Sponsor \_\_\_\_\_ Date \_\_\_\_\_

### CERTIFICATIONS AND SIGNATURES

I certify that all statements on the Certification of Finances are true and accurate information and that the stated funds are available for my educational expenses at Oregon State University during the period specified. I will notify Oregon State University of any changes in my financial circumstances. Furthermore, I understand that the information I have provided cannot be given to anyone except me without my written permission.

*Student Signature (required)* \_\_\_\_\_ Date \_\_\_\_\_

I certify that I have provided complete and accurate responses to the items on the admission application. The documents I have provided are unaltered copies of the original documents. Further, I understand that admission to or enrollment at Oregon State University may be denied if any information is found to be incomplete or inaccurate. 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.

*Student Signature (required)* \_\_\_\_\_ Date \_\_\_\_\_

(optional) I authorize \_\_\_\_\_ to make inquiries on my behalf during the application process.

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