APPLICATION FOR GRADUATE ADMISSIONS  
Please type or print

For the term beginning: September ______________ Full-time ______________

Name ___________________________________________________________________________________________
                                            Last                                           First                                          Middle                Former Name used at Clark University
U.S. Social Security #_____________________________   Fax #___________________________

Mailing Address: Number and Street                                                                 City/State/County/Zip                                    Phone
Every Effective Dates: From___________________  To____________________

Billing Address:                                                                                   Name/Funding Organization
(If not same as above)
                                                                 Number and Street                                                                 City/State/County/Zip/Country
E-mail address:____________________________________________________________________________________

Permanent Address: Number and Street                                                                 City/State/County/Zip/Country                                    Phone

The following item is optional: How would you describe yourself:
☐ American Indian or Alaskan Native
☐ Asian or Pacific Islander (including Indian subcontinent)
☐ Black (non-Hispanic)
☐ Hispanic (including Puerto Rican)
☐ White, Anglo Caucasian American (non-Hispanic)
☐ Other (specify)

Male____     Female____        Date of Birth _________________   Day-Month-Year

Place of Birth _____________________________________________________________________________________
                                            City        Country

Citizenship: U.S. ___________________ Permanent Resident_________________ Other_________________

Country_________________________________ Type of Visa_________________

If U. S. citizen, please indicate home state ______________

Program to which you are applying:
Application to ______________________ Specialization________________________ Degree Sought________ (if none, please indicate)
Department

Have you applied to this graduate school before? Yes/No  (circle one) Were you admitted? Yes/No  (circle one)

Were you enrolled? Yes/No (circle one) Which Program?____________________________________

Does your coming here to study depend on your receiving financial assistance from Clark University? If so, do you wish to be considered for the following?

Tuition Remission__________   Additional Stipend______________   Assistantship________________
List names of national graduate admission tests that you have taken or will take: (GRE is required for Econ PhD)

___________________________________________ Score:__________ Date taken or scheduled___________________

___________________________________________ Score:__________ Date taken or scheduled___________________

___________________________________________ Score:__________ Date taken or scheduled___________________

(Attach copies of graduate admissions tests)

List any foreign languages you know and indicate your degree of proficiency for each:

<table>
<thead>
<tr>
<th>Languages</th>
<th>Years Studied</th>
<th>Other Length-type</th>
<th>Reading good/fair/poor</th>
<th>Writing good/fair/poor</th>
<th>Speaking good/fair/poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>College Level</td>
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<tr>
<td>Language 1</td>
<td>2010-2012</td>
<td>University</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Language 2</td>
<td>2015-2017</td>
<td>College</td>
<td>Fair</td>
<td>Poor</td>
<td>Fair</td>
</tr>
<tr>
<td>Language 3</td>
<td>2018-2020</td>
<td>High School</td>
<td>Poor</td>
<td>Good</td>
<td>Fair</td>
</tr>
</tbody>
</table>

Education

Please list all colleges or universities which you have attended. Note that transcripts will be expected from all schools unless we are informed otherwise and the circumstances are explained.

<table>
<thead>
<tr>
<th>School</th>
<th>Location</th>
<th>Dates attended</th>
<th>Degree earned</th>
<th>Date degree received</th>
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</thead>
<tbody>
<tr>
<td>Undergraduate Degree School</td>
<td></td>
<td>Mo/Yr – Mo/Yr</td>
<td>(or expected)</td>
<td>(or expected Mo/Yr)</td>
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<tr>
<td>College Major</td>
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<td></td>
<td>Graduate Major</td>
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</table>

If you received fellowships, scholarships or other honors, please indicate:

List academic and professional organizations in which you have been active:

Ask three persons who know your academic qualifications well to write recommendations on your behalf, using the confidential recommendations forms attached. Please list:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address/phone</th>
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<tbody>
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</table>
Employment and/or Record of experience

Use the following grid to list periods of full-time, part-time and summer employment and extended periods of travel, unemployment, etc. If you feel any of these activities merit further explanation you may attach an additional sheet or your resume.

<table>
<thead>
<tr>
<th>Dates (MO./YR.) (most recent)</th>
<th>Employer/Activity</th>
<th>Address</th>
<th>Duties/Title</th>
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<td>from:</td>
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</table>

Activities

List other activities since high school, including employment and military service, but omit summer and part-time work.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Kind of Work</th>
<th>Inclusive Dates</th>
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On a separate sheet please discuss your academic interests and goals. Include your current research interests as well as your long range research, teaching, or other professional objectives. List and describe published articles or books, research, inventions, or other creative work.

It is the student’s responsibility to request that all official transcripts relating to the previous academic record be sent to the relevant academic department at Clark University.
We would welcome any additional comments you may wish to provide to the Committee in support of your application. Attach an extra sheet.

Please check off the following as you prepare to mail your application.

☐ Application (signed) with essay

☐ $50 nonrefundable application fee (payable to Clark University)

☐ Transcripts. How many? ______

☐ GRE and TOEFL (if applicable) exams taken and scores requested to be sent to Clark University

Application materials are due in the department by February 1st.

I certify that all information submitted by me as part of this application is complete and accurate.

Signature_________________________________________ Date___________________________

Please return all materials and your nonrefundable application fee of $50 to:
Clark University
Department of Economics
950 Main Street
Worcester, MA  01610-1477

It is the policy of Clark University that each qualified individual, regardless of race, color, sex, sexual orientation, religion, national origin, age or handicap, shall have equal opportunity in education, employment, or services of Clark University. The University encourages minorities, women, Vietnam veterans, handicapped persons, and persons over 40 to apply.
CONFIDENTIAL RECOMMENDATION

To the applicant:
On the reverse side of this form (bottom), please fill in name of graduate department to which you are applying.

Please type or print your name

Last (family)                   First                  Middle

Current address________________________________________________________ Phone:_________________

☐ I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, to this letter of evaluation respecting my application for admission to the Graduate School of Clark University.

__________________________  ______________________________
Signature                  date

☐ I do not waive my right to the above statement.

__________________________  ____________________________
Signature                  date

To the recommender:

The person named above is an applicant to Clark University’s Graduate School. The Admissions Committee attaches considerable weight to the statements made by the recommenders that applicant has selected. You will greatly assist the members of the Committee and the applicant by providing candid responses to the items on the form. It is equally acceptable to respond to these questions in letter form, but should you choose this format, please fill out the information in this box and staple the letter to the back of this form. It is recommended that you keep a copy for your files in case the original should be lost in the mail. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. We would be pleased to provide you with additional information about our program if it will assist you in any way.

Name of recommender____________________________________________________________________________

Position/Title___________________________________________School/Firm___________________________________

Address__________________________________________________________________________________________

1. In what capacity have you known the applicant?__________________________________________________________________________________________

2. How long have you known the applicant?__________________________________________________________________________________________

3. What are the applicant’s principal strengths?__________________________________________________________________________________________

4. In what areas is the applicant weak? ____________________________________________________________________________________________

5. In your opinion, how well has the candidate planned for entry into graduate studies?__________________________________________________________
6. Please compare the applicant on the scale below with others you have known during your professional career. 

Indicate the reference group you have in mind:__________________________________________________

<table>
<thead>
<tr>
<th>Intellectual ability</th>
<th>Exceptional (top 2%)</th>
<th>Outstanding (top 10%)</th>
<th>Excellent (top 20%)</th>
<th>Good (top 1/3)</th>
<th>Average (Middle 1/3)</th>
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7. Please comment on the above rating and make any additional statements concerning the candidate’s qualifications for graduate study in light of your observations. (Attach an additional sheet if necessary.)

________________________________________________________________________________________

________________________________________________________________________________________

8. □ I strongly recommend that this applicant be admitted to Clark University’s graduate program.

□ I recommend that this applicant be admitted to Clark University’s graduate program.

□ I recommend with some reservation that this applicant be admitted to Clark University’s graduate program.

□ I do not recommend that this applicant be admitted to Clark University’s graduate program.

My reservations are:_______________________________________________________________

________________________________________________________________________________________

Signature____________________________________________________Date__________________________

Please return this form to: Clark University
Department of Economics
950 Main St.
Worcester, MA 01610-1477

We are grateful for your assistance.
CONFIDENTIAL RECOMMENDATION

To the applicant:
On the reverse side of this form (bottom), please fill in name of graduate department to which you are applying.

Please type or print your name ____________________________________________ Last (family)   First   Middle

Current address_________________________________________________________ Phone:_________________

☐ I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, to this letter of evaluation respecting my application for admission to the Graduate School of Clark University.

______________________________________________________  ______________________________
Signature         date

☐ I do not waive my right to the above statement.

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Name of recommender____________________________________________________________________________

Position/Title____________________________________________ School/Firm_________________________________

Address________________________________________________________________________________________

1. In what capacity have you known the applicant?____________________________________________________

2. How long have you known the applicant?_________________________________________________________

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My reservations are:_____________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Signature________________________________ Date__________________________________

Please return this form to: Clark University  
Department of Economics  
950 Main St.  
Worcester, MA  01610-1477

We are grateful for your assistance.
CONFIDENTIAL RECOMMENDATION

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Please type or print your name

Last (family)   First   Middle

Current address_____________________________________________________________Phone:_________________

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Name of recommender______________________________________________________________________________

Position/Title____________________________________________School/Firm__________________________________

Address__________________________________________________________________________________________

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☐ I recommend with some reservation that this applicant be admitted to Clark University’s graduate program.

☐ I do not recommend that this applicant be admitted to Clark University’s graduate program.

My reservations are:__________________________________________________________

__________________________________________________________

Signature____________________________________________________Date__________________

Please return this form to: Clark University
Department of Economics
950 Main St.
Worcester, MA 01610-1477

We are grateful for your assistance.
TRANSCRIPT REQUEST

To be filled out by the applicant:

Note to applicant: If you have attended more than one college or university, undergraduate or graduate, please photocopy this form to obtain the additional number you require. If there are institutions listed on your application form which documents are not available, please so indicate and explain the reasons to the Admissions Committee.

Please type or print your name and current address

Applicant name__________________________________ Dates of Enrollment

Address__________________________________________ From ________to_________

Social Security Number: __________-________-______________ Degree conferred (if applicable):

To: Registrar, __________________________________________________________

I hereby request that my transcript be sent:

Clark University
Department of Economics
950 Main Street
Worcester, MA 01610-1477

________________________________________________________

Signature of applicant

To be filled out by the Registrar

Note to the Registrar: Please provide the information requested below and attach the applicant’s transcript to the back of the form.

Check as appropriate

□ Applicant is currently enrolled

□ Degree conferred __________________________

□ Other _________________________________

Applicant’s cumulative grade point average _______________. If this average is not calculated on a 4.0 scale, please attach an explanation of the grading system.

Applicant’s class rank _______________ □ Please check if rank is not available.