Application for Graduate Admissions

Please type or print

Date____________________

For the term beginning:  ❑ September  ❑ January  ❑ Full-time  ❑ Part-time

Name: _______________________________________________________________________________________________________________

U.S. Social Security #:___________________________________________________________

Mailing Address:_______________________________________________________________________________________________________

Effective Dates:      From: ___________________________ To: __________________________

Phone #: ________________________________ Cell #:________________________________ Fax #:______________________________

Billing Address:________________________________________________________________________________________________________

(IF NOT SAME AS ABOVE)                                           NAME/FUNDING ORGANIZATION
____________________________________________________________________________________________________________________

E-mail Address: ________________________________________________________________

Permanent Address: ____________________________________________________________________________________________________

Phone #: ________________________________________________________

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

Sex:  ❑ Male      ❑ Female  Date of Birth: (__________day____________________month _________year)

Place of Birth _______________________________________________________________________________________________________

Country: ________________________________________________________ Type of Visa: ________________________________________________

If U.S. citizen, please indicate home state: __________________________________________________________________________________

Program to which you are applying:________________________________________________________________________________________

Application to ________________________Specialization____________________Degree Sought ____________________________________

DEPARTMENT (IF NONE, PLEASE INDICATE)

Have you applied to this graduate school before?  ❑ Yes  ❑ No  Were you admitted?  ❑ Yes  ❑ No

Were you enrolled?  ❑ Yes  ❑ No

Which Program?__________________________________________________________

Do you wish to be considered for the following?
❑ Tuition Remission  ❑ Additional Stipend  ❑ Assistance

Does your coming here to study depend on your receiving financial assistance from Clark University?
❑ Yes  ❑ No
List of names of national graduate admission tests that you have taken or will take:

__________________________________________________ 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. Native language: _________________________________

<table>
<thead>
<tr>
<th>Languages</th>
<th>Years Studied</th>
<th>Other</th>
<th>Reading</th>
<th>Writing</th>
<th>Speaking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>College Level</td>
<td>Length-Type</td>
<td>good</td>
<td>fair</td>
<td>poor</td>
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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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<tbody>
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<td></td>
<td></td>
<td>mo./yr.-mo./yr.</td>
<td>(or expected)</td>
<td>(or expected mo./yr.)</td>
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</table>

Undergraduate degree school

College major ____________________________________________ Graduate major _____________________________________________

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 recommendation forms attached. Please list:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Address/phone</th>
<th>E-mail</th>
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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, or record of excellence, or attach your resume to this application.

<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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### Activities

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

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<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
- $60 nonrefundable application fee
- Transcripts. How many? __________

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 $60 to:
Clark University,
Biology Department
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, veterans, handicapped persons, and persons over 40 to apply.
Transcript Request

To be filled out by the applicant
Please type or print

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 from which documents are not available, please so indicate and explain the reasons to the Admissions Committee.

Applicant name:_______________________________________________________________________________________________________

LAST FIRST MIDDLE

Mailing Address:_______________________________________________________________________________________________________

NUMBER AND STREET CITY/STATE/COUNTY/ZIP

Dates of enrollment: From: _______________________ To: __________________________

MONTH/YEAR MONTH/YEAR

Degree conferred (if applicable): __________________________________________________________________________________________

MONTH/YEAR

U.S. Social Security Number: ___________________ -  ____________ - ___________________

To: Registrar

Name of College or University____________________________________________________________________________________________

I hereby request that my transcript be sent to:

Clark University
Biology Department
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 this 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.
To the applicant

Please type or print

A applicant name: _______________________________________________________________________________________________________

LAST (FAMILY) FIRST MIDDLE

Current Address: _______________________________________________________________________________________________________

NUMBER AND STREET CITY/STATE/COUNTY/ZIP

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 the 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? _____________________________________________________________________________________  

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

____________________________________________________________________________________________________________________

CONTINUED ➔
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>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>
<th>Poor (Bottom 1/3)</th>
<th>Unable to Judge</th>
</tr>
</thead>
</table>

Intellectual ability

Leadership

Initiative

Ability to work with others

Maturity

Oral communication skills

Written communication skills

Persistence and drive

Planning skills (ability to allocate and schedule resources, including time)

Analytical ability (ability to explore problems in an orderly manner and generate alternatives; ability to synthesize)

7. Please comment on the above ratings 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  
Biology Department  
950 Main Street  
Worcester, MA 01610-1477

We are grateful for your assistance.