

Application for Graduate Admission

Instructions

Click in the fields to fill in the form. Use the TAB key to move between fields. Complete the form, print, sign, and date it, and mail it to the address shown at the bottom.

- Master of Arts
- Global Master of Arts in International Relations

Applying For: Fall 20____

Social Security Number _____ - _____ - _____

Name _____
Last First Middle Former Name

Address _____
Number Street City State Zip Code

Telephone (____) (____)
Home Work

E-mail _____ Fax (____) _____

Date of Birth _____ Place of Birth _____
Month/Day/Year City/State/Country

Country of Citizenship _____ Female Male

Ethnic Origin (Optional information used for statistical purposes only)

- Black, Non-Hispanic Origin
- American Indian or Native Alaskan
- Asian or Pacific Islander
- Hispanic
- White, Non-Hispanic Origin
- Non-resident alien (belonging to any of the above 5)

Place of Employment

Name _____ Military Rank (if applicable) _____ City _____ State _____

Full name of college or university granting your baccalaureate degree.

Name _____ Location _____ Degree Type _____ Date Degree Conferred _____ Final G.P.A. _____

Have you previously attended Webster University? Yes No

If yes, when?

Term _____ Year _____ Other last name under which your records may be listed _____

Admission Information

This form must accompany your application fee of \$50 .00 (nonrefundable). Make checks payable to Webster University. Official transcript(s) noting conferral of your degree(s) must be received from the degree-granting institution by the end of the first term of enrollment. Webster graduates are exempted from this requirement. Transcripts should be forwarded to the program administrator at your location.

Webster University adheres to the rules and regulations of the "Privacy Rights of Parents and Students" as stated in the United States Public Law 93-380 and adheres to the "Statement of Principles of Good Practice" of the National Association of College Admission Counselors. Webster University admits students of any race, sex, sexual orientation, color, creed, age, ethnic or national origin, or nondisqualifying handicap.

Please be aware that a student may not register for his or her initial class(es) without first having an academic advising session.

Signature _____ Date _____

My signature on this form attests that the above information is true and accurate in paper, fax, and electronic form.



Graduate and Evening Student Admissions
470 East Lockwood Avenue
St. Louis, Missouri 63119-3194 U.S.A.
Phone 1-800-75-ENROLL (1-800-753-6765)
or 314-968-7100