



GRADUATE STUDIES
COLLEGE OF ARTS & SCIENCES
WORKSHOP APPLICATION

PLEASE PRINT OR TYPE

Name: \_\_\_\_\_ [ ] Male [ ] Female

Former Name: \_\_\_\_\_

Workshop Name and Course Number: \_\_\_\_\_

Date: \_\_\_\_\_ Tuition: \_\_\_\_\_ Application Fee: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Citizenship [ ] U.S. [ ] Other

Address: \_\_\_\_\_ Street City State Zip Code

Home phone: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address: \_\_\_\_\_ Street City State Zip Code

If you have never before applied, been admitted, or enrolled in Graduate Studies at John Carroll University, please fill out the section below and attach a copy of your teaching license or a copy of your transcript from your highest degree.

List in chronological order ALL colleges and universities attended, including John Carroll University and professional schools.

Table with 4 columns: Name and Location of Institution, Month and Year of Attendance, Major, Degree Received or Expected and Date

OPTIONAL PERSONAL DATA: As a university, John Carroll is committed to equal educational opportunity to all. Please supply the following information for reporting purposes only.

[ ] American Indian or Alaskan Native [ ] Asian or Pacific Islander [ ] Hispanic [ ] African-American [ ] White (non-Hispanic) [ ] Non-resident Alien

NEW STUDENTS ONLY - PLEASE NOTE: Along with this application, you must provide a \$10.00 application fee (Make check payable to John Carroll University)

By signing below I certify that I am currently licensed to teach or have been licensed to teach.

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

[For office use only: certification verified [ ] Yes [ ] No initials: \_\_\_\_\_]

The information I have supplied is, to the best of my knowledge, complete and correct. I understand that inaccurate information may affect the status of my application.

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