

Application for Special Graduate Admission *Center for Health Sciences*



Graduate Office | OSU Center for Health Sciences | 1111 W. 17th Street | Tulsa, OK 74107-1898

| Fax: (918) 699-8629

Please type or print. A \$25.00 non-refundable Application Fee, either a check or money order in U.S. dollars, payable to Oklahoma State University is required. Applications will not be processed until this fee is submitted. Return this application to the above address.

Any person with a bachelor's degree who has not been formally admitted to a graduate degree program, but wishes to enroll for a semester, summer session, extension course, or seminar institute, may be admitted as a Special (that is, non-degree seeking) student by completing this form and returning it to the OSU-CHS Graduate Admissions Office along with one official transcript showing completion of a baccalaureate degree. No entrance examinations or letters of recommendation are required. Graduate Special students are subject to the same academic requirements and probationary action as standard students.

International Students - Indicate the type of visa held. F-1 and J-1 International students must be in full-time degree-granting programs and may not enroll as Special students. If you are a Resident Alien of the United States, then you **must** provide a copy of both sides of your Alien Registration Card with this application form. If you are an International applicant, but do not have a Permanent Resident Card, please indicate the type of visa you hold (check one).

☐ F-1 ☐ H-1
☐ F-2 ☐ H-4
☒ J-1 ☒ J-2
☐ J-2 ☐ Other:

All international students must have a TOEFL score equal to 213 (computer-based score) or greater. Waiver of TOEFL score can be permitted **ONLY** if applicant has received a US degree within the last 3 years.

Contact and Personal Information

Type of Enrollment

☐ Biomedical Sciences ☐ Resident Enrollment
☐ Forensic Sciences ☐ Internet Course (includes additional fee)

If not a U.S. citizen, type of visa held ☐ Immigrant ☐ Permanent Resident ☐ Other (please specify): _____

Social Security Number

Gender

☐ Male ☐ Female

Name

Last Name First Name Middle Initial Maiden Name

Mailing Address

Number & Street City State Zip Code

Date of Birth

Month/Day/Year

Birthplace

City State Country

Legal Residence

State County Country years at this address

Ethnicity

☐ Non-Resident International ☐ Asian or Pacific Islander ☐ Hispanic
☐ American Indian or Alaskan (Specify tribe: _____) ☐ Black, Non-Hispanic ☐ White, Non-Hispanic

Permanent Address

Number & Street City / County State Zip Code/Foreign Country Phone - (Area Code) Number

Phone number

(Area Code) Number

Business Phone

(Area Code) Number

Fax No.

(Area Code) Number

E-mail address

Semester and year you expect to enroll

☐ Summer ☐ Fall ☐ Spring

Of Year

(Please use 4-digit format - Ex: '2001')

Academic History

List all institutions of college level which you have attended. Include any university you are currently attending. Two copies of transcripts from each school must be sent to the OSU-CHS Graduate Admission Office at the address above. Please note expected date of graduation and degree to be awarded. Failure to report all undergraduate and graduate institutions attended may result in dismissal or loss of credit.

| University & Location | Dates Attended | Major Field | Degree | Date Conferred (or to be conferred) |
|-----------------------|----------------|-------------|--------|-------------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

You are responsible for filing a new application for admission to the Biomedical Science or Forensic Science program should you wish to become a degree candidate. Applications to degree programs will be evaluated by the faculty of the department and the Graduate Office to ascertain admissibility to the degree program. **No more than 9 credit hours taken as a Special student will be accepted towards a degree program. If you have been convicted of a Felony you must provide a written explanation prior to your admission.**

I certify that the statements in this application are true and complete to the best of my knowledge, and that I have attended no institution other than those listed above.

Date

Signature of Applicant

**OSU CENTER FOR HEALTH SCIENCES
GRADUATE PROGRAM**

Special Student Contract

I understand that I am enrolling in the Graduate College of Oklahoma State University at the Center for Health Sciences with the status of Special (Non-Degree Seeking) Student.

1. It is understood that I am not, **at this time**, a degree candidate.
2. I realize that only **nine (9) credit hours** taken as a Special Student can be applied toward an advanced degree at a later time.
3. I also realize that, as a Special Student, I am **not eligible for financial aid** (such as fellowships and tuition waivers).

Print Name Here

Signature of Student

Student ID Number

Semester of Enrollment

Date Memo Signed

Please complete the above and return to:

**OSU Center for Health Sciences
Graduate Office, Room 143
1111 West 17th St.
Tulsa, OK 74107**