



# Graduate and Post Graduate Application

Florida Gulf Coast University encourages applications from qualified students regardless of color, race, religion, national origin, age, gender, disability, veteran status, marital status, or sexual orientation.

Please Print or Type

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
FGCU University ID Number if Applicable

Federal Law allows the university to require that you provide your U.S. Social Security Number for the purpose of identification and verification of student records, including, registration, financial aid, and academic records (such as GMAT, GRE, or MAT scores and transcripts), verification of identity in connection with the provision of university services, and for required state and federal reporting as well as institutional purposes. By providing your SSN, you authorize the University to disclose it to third parties as necessary for these purposes.

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Suffix (Jr., Sr., III, etc.) \_\_\_\_\_

Prior Last Name or Names: \_\_\_\_\_

Permanent Address for all University correspondence:

\_\_\_\_\_  
Number and Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Country

(\_\_\_\_) \_\_\_\_\_  
Home Telephone

(\_\_\_\_) \_\_\_\_\_  
Work Telephone

\_\_\_\_\_  
Email Address

Current Mailing Address:

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

Emergency Contact: \_\_\_\_\_  
Last Name First Name Relationship

Emergency Address: \_\_\_\_\_  
Number and Street City State Zip Code

(\_\_\_\_) \_\_\_\_\_  
Telephone

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_ or Female \_\_\_\_

Ethnicity (Please check one of the following): ( ) Hispanic or Latino ( ) Not Hispanic or Latino

Race (Please check one or more of the following): ( ) American Indian or Alaskan Native ( ) Asian ( ) Black or African American ( ) Native Hawaiian or Other Pacific Islander ( ) White

(Each State University is a recipient of federal dollars and is required by the federal government to solicit certain demographic information to meet federal reporting requirements. Applicants are requested to provide this information voluntarily. This information will not be used in a discriminatory manner.)

**Please list in chronological order every college or university including FGCU you have attended. Attach an additional sheet if necessary.**

Name of Institution Attended	Location	Dates Attended From To	Degrees, Diplomas Certificates Granted	Date Earned	What was your major?


Courses currently enrolled in: \_\_\_\_\_


Select your own PIN number. Keep a record of this number for future use.  
(Your PIN must be six numbers and may not start with a zero (0)).

□ □ □ □ □ □

Place a check in the term you are applying for (one program selection only) and circle the concentration you wish to pursue.


	Fall Deadline	Spring Deadline	Summer
<b>College of Arts and Sciences</b>			
Master of Arts (M.A.) English	<input type="checkbox"/> 15-Feb, 20__ (priority)		
Master of Science (M.S.) Environmental Science	<input type="checkbox"/> 15-Feb, 20__		
Master of Arts (M.A.) Environmental Studies	<input type="checkbox"/> 15-March 20__		
Master of Arts (M.A.) History	<input type="checkbox"/> 15-Feb, 20__	<input type="checkbox"/> 1-Oct, 20__	

<b>Lutgert College of Business</b>			
Master of Business Administration (M.B.A.) 	<input type="checkbox"/> 1-Jun, 20__	<input type="checkbox"/> 1-Nov, 20__	
<i>With concentrations in Finance, General Management, Interdisciplinary*, Marketing and Information Systems (circle one)</i>			
Master of Science (M.S.) Accounting and Taxation	<input type="checkbox"/> 1-Jun, 20__	<input type="checkbox"/> 1-Nov, 20__	
Master of Science (M.S.) Computer Information Systems	<input type="checkbox"/> 1-Jun, 20__	<input type="checkbox"/> 1-Nov, 20__	
Executive Master of Business Administration (Executive M.B.A.)	<input type="checkbox"/> Contact program		
<i>With optional concentrations in Real Estate Development and Finance (circle one)</i>			

<b>College of Education*</b>			
Master of Arts (M.A.) Counseling-Mental Health Counseling	<input type="checkbox"/> 15-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Master of Arts (M.A.)/Master of Education (M.Ed.) Counseling-School Counseling	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Master of Education (M.Ed.) Curriculum & Instruction			
Concentrations in English, Math, Science, Social Studies, and Generalist			
	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Master of Arts (M.A.)/Master of Education (M.Ed.) C&I: Educational Technology 	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Master of Arts (M.A.)/Master of Education (M.Ed.) Educational Leadership	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Master of Education (M.Ed.) Elementary Education	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Master of Education (M.Ed.) Reading	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Master of Education (M.Ed.) Special Education	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Oct, 20__	<input type="checkbox"/> 1-Mar, 20__
Educational Specialist (Ed.S.) in Education	<input type="checkbox"/> 1-Jul, 2010 Admission offered every two years.		
Concentrations in Curriculum & Instruction and Educational Leadership			

\* Applications are routinely accepted past the deadline as long as space is available. Students applying after the deadline may not be eligible for certain scholarships or tuition waiver.

<b>College of Health Professions</b>			
Master of Science (M.S.) Health Science 	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Nov, 20__	
<i>With concentrations in Health Professions Education and Health Services Administration (circle one)</i>			
Master of Science (M.S.) Occupational Therapy			
Entry Level			
	<input type="checkbox"/> 1-Feb, 20__ (Priority)		
Master of Science (M.S.N.) Acute Care Nurse Practitioner		<input type="checkbox"/> 1-Sept, 20__	
Master of Science (M.S.N.) Nurse Anesthesia		<input type="checkbox"/> 1-July, 20__	
Master of Science (M.S.N.) Nursing	<input type="checkbox"/> 15-Apr, 20__		
<i>Concentrations in Clinical Nurse Leader and Nurse Educator</i>			
Master of Science (M.S.N.) Primary Health Care	<input type="checkbox"/> 15-Apr, 20__		
<i>Concentrations in Family Nurse Practitioner, and Adult Nurse Practitioner</i>			
Doctor of Physical Therapy (D.P.T.)	<input type="checkbox"/> 15-Jan, 20__ (Priority)		

<b>College of Professional Studies</b>			
Master of Science in Criminal Forensic Studies (M.S.)	<input type="checkbox"/> 1-Apr, 20__	<input type="checkbox"/> 1-Nov, 20__	
<i>With concentrations in Forensic Behavioral Analyst, and Human Identity and Trauma Analyst (circle one)</i>			
Master of Public Administration (M.P.A.) 	<input type="checkbox"/> 1-Jul, 20__	<input type="checkbox"/> 15-Nov, 20__	
<i>With concentrations in General Public Administration, Management, Environmental Policy (circle one)</i>			
Are you a FGCU undergraduate student applying to the accelerated MPA program? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Master of Social Work (M.S.W.)	<input type="checkbox"/> 15-Feb, 20__		
Master of Science Criminal Justice (M.S.)	<input type="checkbox"/> 1-March, 20__	<input type="checkbox"/> 1-Nov, 20__	
Master of Science Criminal Justice – Compliance (M.S.)	<input type="checkbox"/> 1-March, 20__	<input type="checkbox"/> 1-Nov, 20__	

 Available via Distance Learning. Please indicate if you are interested in Distance Learning.  Yes  No

Are you a former student of FGCU? \_\_\_\_\_  
 Are you a McNair Scholar? \_\_\_\_\_ Are you a Veteran? \_\_\_\_\_  
 How did you find out about FGCU? \_\_\_\_\_  
 Have you been granted a scholarship or fellowship to study by an agency other than FGCU? \_\_\_\_\_ If yes what type? \_\_\_\_\_  
 Will you be attending full time \_\_\_\_\_ or part time? \_\_\_\_\_  
 Do you need special accommodations for the admission process? \_\_\_\_\_

## Test Information

GRE General Test Scores: \_\_\_\_\_ Date taken: \_\_\_\_\_ Not taken, but expect to take on (date): \_\_\_\_\_  
 Verbal: \_\_\_\_\_ Quantitative: \_\_\_\_\_ Analytical: \_\_\_\_\_

GMAT Test Scores: \_\_\_\_\_ Date taken: \_\_\_\_\_ Not taken, but expect to take on (date): \_\_\_\_\_

MAT Miller Analogies Test Score: \_\_\_\_\_ Date Taken: \_\_\_\_\_ Not taken, but expect to take on (date): \_\_\_\_\_  
*All graduate entrance exams must be taken within the last five years and official scores must be submitted to FGCU.*

TOEFL Score: \_\_\_\_\_ Date taken: \_\_\_\_\_ Not taken, but expect to take on (date): \_\_\_\_\_

TOEFL must be taken within the last two years and official scores must be submitted to FGCU.

\_\_\_\_\_  
 Nation of Citizenship

\_\_\_\_\_  
 Place of Birth: State/Province

\_\_\_\_\_  
 Place of Birth: Nation

What is your native language? \_\_\_\_\_

If other than English, how many years have you spoken or studied English? \_\_\_\_\_

\* **If Non – U.S. Citizen:** VISA Status \_\_\_\_\_ Alien Registration number \_\_\_\_\_  
 Issue Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (copy of both sides of card required)

Foreign Address: \_\_\_\_\_  
 \_\_\_\_\_ Number and Street Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_  
 State

\_\_\_\_\_  
 Zip

\_\_\_\_\_  
 Country

### Conduct Disclosure Statement

*Failure to answer both questions will delay processing of your application.*

If your answer to any of the following is YES, provide a full explanation of the relevant facts. You are required to furnish the University with copies of all official court/ educational institution documents explaining the final disposition of the proceedings. Failure to provide this information will delay an admissions decision. Specific colleges or departments may require students to verify the information provided through official criminal background checks before admission or registration.

If your records have been expunged pursuant to applicable law, you are not required to answer yes to these questions. If you are unsure whether you should answer yes to either question, we strongly suggest that you answer yes and fully disclose all incidents. By doing so, you can avoid any risk of disciplinary action or revocation of an offer of admission.

**\* Are you currently, or have you ever been, charged with or subject to disciplinary action for scholastic (such as plagiarism or cheating) or any other type of behavioral misconduct at any educational institution? You do not need to disclose academic dismissal, suspension, or probation for poor grades.  Yes  No**

**Have you ever been charged with a violation of the law, misdemeanor and/or felony (even if adjudication was withheld) which resulted in, or, if still pending could result in, probation, community service, restitution, a jail sentence or the revocation or suspension of your driver's license (you are not required to include traffic violations which only resulted in a fine)?  Yes  No**

IMPORTANT: You must read and sign the following section in order to complete your application for graduate admission to the University. I understand and agree that I will be bound by the University's regulations concerning deadline dates and admission requirements. I further agree to the release of any transcripts and academic test scores to this institution.

I certify that the information given in this application is complete and accurate and my own work. I understand that to make false or fraudulent statements within this application or residency statement may result in disciplinary action, denial of admission, and invalidation of credits or degrees earned. If admitted, I hereby agree to abide by the policies of the Board of Trustees and the rules and regulations of the University. Should any of the information I have given change prior to my entry to the University, I shall immediately notify the Office of Graduate Studies.

Applicant's Original Signature (in ink): \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

You must also complete the residency statement.

