



Central Washington University

SCHOOL OF GRADUATE STUDIES AND RESEARCH

400 East University Way • Ellensburg WA 98926-7510 • (509) 963-3101

Email: masters@cwu.edu • Web: www.cwu.edu/masters

For Accommodation E-mail: DS@cwu.edu

\$75.00 non-refundable application fee

APPLICATION FOR GRADUATE ADMISSION

1a. Quarter: _____ 1b. Location: CWU Ellensburg CWU Online Programs

1c. Program Code _____ 1d. Specialization _____

PERSONAL DATA

2. Name (first/middle/last)		3. Former Name: (if previous academic records are under another name)		4. Social Security Number:	
5a. Preferred Mailing Address: Number/Street _____ City/State/Zip _____ County (if WA State address) _____				6a. Home Phone: (include area code)	
				6b. Cell Phone: (include area code)	
				6c. Email:	
5b. Permanent Mailing Address: Number/Street _____ City/State/Zip _____ County (if WA State address) _____				7. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
				8a. Birth date: Birthplace: _____	8b. Washington Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
9a. Country of Citizenship if not U.S.A.		9b. If you are not a U.S. Citizen, do you hold a permanent resident card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
10. If you do not hold a permanent resident (Green Card), have you resided in Washington State for the three (3) years immediately prior to receiving a high school diploma and have you completed a full senior year in a Washington High School? <input type="checkbox"/> Yes <input type="checkbox"/> No					
11. Do you qualify for the Deferred Action for Childhood Arrivals (“DACA”)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12a. Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No					
12b. Are you a spouse or dependent of a veteran who has become totally disabled, is missing in action or lost his or her life while engaged in active military or naval duty? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13a. Are you an employee of Washington State? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CWU <input type="checkbox"/> Other					
13b. Do you plan to use your state tuition waiver? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13c. Is your spouse and/or parent a Washington State Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No					
13d. Does your parent and/or spouse work at Central Washington University? <input type="checkbox"/> Yes <input type="checkbox"/> No					

RACIAL AND ETHNIC INFORMATION (This information is being requested on a voluntary basis and will remain confidential.)

14. Ethnic Origin (required for state and federal statistics, not used in admission decision.) What race do you consider yourself?

_____	_____
_____	_____
_____	_____
_____	_____

EDUCATION

15. List all colleges/universities in order of attendance. Do not exclude or omit any colleges, regardless of how many credits you earned or the nature of the program in which you enrolled.

Institution	City/State/Zip	Dates	Degree(s)	Major/Minor
1. _____	_____	from _____ to _____	_____	_____
2. _____	_____	from _____ to _____	_____	_____
3. _____	_____	from _____ to _____	_____	_____
4. _____	_____	from _____ to _____	_____	_____
5. _____	_____	from _____ to _____	_____	_____
6. _____	_____	from _____ to _____	_____	_____
7. _____	_____	from _____ to _____	_____	_____
8. _____	_____	from _____ to _____	_____	_____
9. _____	_____	from _____ to _____	_____	_____
10. _____	_____	from _____ to _____	_____	_____

RECOMMENDATION PROVIDER LIST

16. Please list the names of your references for Letters of Recommendation (include supervisor, if employed and one or two college instructors):

Name	City/State/Zip	Position
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

17. I certify that, to the best of my knowledge, all of the above statements are true and complete. I understand that the application fee is nonrefundable and that submitted records and letters of recommendation will not be returned, copied for me, or forwarded. I also understand that I may apply to only one program at a time. I agree to abide by the University policies as stated in the CWU catalog.

Signature of Applicant _____ Date _____

Central Washington University's policies and practices affirm and actively promote the rights of all individuals to equal opportunity in education and employment without regard to their race, color, religion, creed, national origin, sex, sexual orientation, age, marital status, disability, or status as disabled or Vietnam era veterans. Central Washington University complies with all applicable federal, state, and local laws, regulations and executive orders. Direct related inquiries to Office of Equal Opportunity, Bouillon Hall 203, Ellensburg, WA 98926. Telephone 509-963-2206 or (for hearing impaired) E-mail: farmer@cwu.edu.

GRADUATE ASSISTANTSHIP

1a. Quarter: _____ 1b. Location: CWU Ellensburg CWU Online Programs

1c. Program Code _____ 1d. Specialization _____

2. Name (first/middle/last)		3. Former Name: (if previous academic records are under another name)		4. Social Security Number:	
5a. Preferred Mailing Address Number/Street _____ City/State/Zip _____ County (if WA State address) _____				6a. Home Phone	
				6b. Cell Phone:	
				6c. Email:	
8a. Birth date: Birthplace:	8b. Washington Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	8c. Length of latest residence in Washington:	8d. Residency if not Washington:	7. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

9a. Country of Citizenship if not U.S.A.	9b. If you are not a U.S. Citizen, do you hold a permanent resident card? <input type="checkbox"/> Yes <input type="checkbox"/> No
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18a. Please complete the following questions if you are interested in applying for an assistantship

Department or area in which employment is desired: _____

Indicate quarter/quarters for which you seek appointment (one year appointments only): _____

Indicate type/types of appointment sought:

Teaching Assistant (usually direct instruction)

Staff Assistant (usually not instructional)

Research Assistant (usually not funded under a grant)

19a. Have you completed a FAFSA? Yes No

19b. Are you interested in Federal Work Study? Yes No

20. List professional experience (including all teaching experience):

Employer	City/State/Zip	Dates	Position
1. _____		from _____ to _____	_____
2. _____		from _____ to _____	_____
3. _____		from _____ to _____	_____
4. _____		from _____ to _____	_____
5. _____		from _____ to _____	_____

18b. References for professional experience (include supervisor/manager, if employed):

Name	Address	Telephone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Graduate assistantships are offered only to students who will be admitted as master's degree students by the commencement of the employment period. All graduate assistantships require enrollment for a minimum of 10 credits. Full appointments require 200 hours of service per quarter and limit enrollment to 14 credits. No other employment, scholarship, financial aid or other remuneration is provided by the University without specific approval of the Dean of Graduates and Research in advance.