



Graduate School Office
950 Main Street
Worcester, MA 01610-1477
508-793-7676
gradschool@clarku.edu
www.clarku.edu/graduate

Application for Graduate Admissions for Students Applying through the Fulbright Commission or the DAAD

PLEASE TYPE OR PRINT

Date _____ Program: _____

For the term beginning: August _____
YEAR

Name: _____
LAST FIRST MIDDLE

U.S. Social Security #: _____

Mailing Address: _____

Effective Dates: From: _____ To: _____

Phone #: _____ Cell #: _____ Fax #: _____

Billing Address: _____
(IF NOT SAME AS ABOVE) NAME/FUNDING ORGANIZATION

E-mail Address: _____

Permanent Address: _____

Phone #: _____ E-mail Address: _____

The following item is optional:

How would you describe yourself: (Please Check One)

- American Indian or Alaskan Native
- Asian or Pacific Islander (including Indian subcontinent)
- Black (non-Hispanic)
- Hispanic (including Puerto Rican)
- White, Anglo Caucasian American (non-Hispanic)
- Other (Specify) _____

Sex: Male Female Date of Birth: (____ day _____ month _____ year)

Place of Birth _____
CITY/STATE COUNTRY

Citizenship: U.S. Permanent Resident Other _____

Country: _____ Type of Visa: _____

If U.S. citizen, please indicate home state: _____

Program you are applying through: DAAD Fulbright Commission

Program (Department) to which you are applying: _____

Degree Sought: Yes No M.A. Ph.D.

Have you applied to this graduate school before? Yes No Were you admitted? Yes No

Were you enrolled? Yes No

Which Program? _____

List of names of national graduate admission tests that you have taken or will take:

_____ Score: _____ Date taken or scheduled _____
_____ Score: _____ Date taken or scheduled _____
_____ Score: _____ Date taken or scheduled _____

List any foreign languages you know and indicate your degree of proficiency for each. Native language: _____

Languages	Years Studied College Level	Other Length-Type	Reading			Writing			Speaking			
			good	fair	poor	good	fair	poor	good	fair	poor	

EDUCATION

Please list all colleges or universities which you have attended.

School	Location	Dates attended mo./yr.-mo./yr.	Degree earned (or expected)	Date degree received (or expected mo./yr.)
UNDERGRADUATE DEGREE SCHOOL				

College major _____ Graduate major _____

If you received fellowships, scholarships or other honors, please indicate:

List academic and professional organizations in which you have been active:

We would welcome any additional comments you may wish to provide to the Committee in support of your application. Attach an extra sheet.

The following material should be sent directly to the Department Clark University to which you are applying:

- Application (signed)
- \$50 nonrefundable application fee
- DAAD or Fulbright Commission application material
- 3 recommendations if not included in Fulbright/DAAD application
- Writing sample for English Department application

Please obtain complete application instruction and your application deadline for the department you are applying to.

I certify that all information submitted by me as part of this application is complete and accurate.

Signature: _____ Date: _____

Please return all materials and your nonrefundable application fee of \$50 to:

Clark University
Department applying to
950 Main Street
Worcester, MA USA 01610-1477.

It is extremely important that we receive all application materials before the department's deadline.

It is the policy of Clark University that each qualified individual, regardless of race, color, sex, sexual orientation, religion, national origin, age or handicap, shall have equal opportunity in education, employment, or services of Clark University. The University encourages minorities, women, veterans, handicapped persons, and persons over 40 to apply.