



Graduate School Office  
950 Main Street  
Worcester, MA 01610-1477  
508-793-7676 Phone  
508-793-8834 Fax  
www.clarku.edu

## Application for Graduate Admissions

## CHEMISTRY

Please type or print

Date \_\_\_\_\_

For the term beginning:  September  January  Full-time  Part-time

Name: \_\_\_\_\_  
LAST FIRST MIDDLE FORMER NAME USED AT CLARK UNIVERSITY

U.S. Social Security #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
NUMBER AND STREET CITY/STATE/COUNTY/ZIP

Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Fax #: \_\_\_\_\_

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

\_\_\_\_\_ NUMBER AND STREET CITY/STATE/COUNTY/ZIP/COUNTRY

E-mail Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
NUMBER AND STREET CITY/STATE/COUNTY/ZIP

Phone #: \_\_\_\_\_

The following item is optional:

How would you describe yourself: (Please Check One)

- American Indian or Alaskan Native  Hispanic (including Puerto Rican)  
 Asian or Pacific Islander (including Indian subcontinent)  White, Anglo Caucasian American (non-Hispanic)  
 Black (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 to which you are applying: \_\_\_\_\_

Application to \_\_\_\_\_ Specialization \_\_\_\_\_ Degree Sought \_\_\_\_\_  
DEPARTMENT (IF NONE, PLEASE INDICATE)

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

Were you enrolled?  Yes  No

Which Program? \_\_\_\_\_

Do you wish to be considered for the following?

- Tuition Remission  Additional Stipend  Assistance

Does your coming here to study depend on your receiving financial assistance from Clark University?

- Yes  No

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 _____

(Attach copies of graduate admissions tests)

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
_____											
_____											
_____											

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## Education

Please list all colleges or universities which you have attended. Note that transcripts will be expected from all schools unless we are informed otherwise and the circumstances are explained.

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:

Ask three persons who know your **academic** qualifications well, to write recommendations on your behalf, using the confidential recommendation forms attached. Please list:

Name	Position	Address/phone	E-mail
_____			
_____			
_____			

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## Employment and/or Record of experience

Use the following grid to list periods of full-time, part-time and summer employment and extended periods of travel, unemployment, or record of excellence, or attach your resume to this application.

Dates (mo./yr.) (most recent)	Employer/Activity	Address	Duties/Title
from: to:			
from: to:			
from: to:			
from: to:			

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## Activities

List other activities since high school, including employment and military service, but omit summer and part-time work.

**Employer**

**Kind of Work**

**Inclusive Dates**

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**On a separate sheet please discuss your academic interests and goals.** Include your current research interests as well as your long range research, teaching, or other professional objectives. List and describe published articles or books, research, inventions, or other creative work.

It is the student's responsibility to request that all official transcripts relating to the previous academic record be sent to the relevant academic department at Clark University.

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

Please check off the following as you prepare to mail your application.

- Application (signed) with essay
- \$50 nonrefundable application fee
- Transcripts. How many? \_\_\_\_\_

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,  
Chemistry Department  
950 Main Street  
Worcester, MA 01610-1477.

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.



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# Transcript Request

## CHEMISTRY

To be filled out by the applicant  
Please type or print

**Note to applicant:** If you have attended more than one college or university, undergraduate or graduate, please photocopy this form to obtain the additional number you require. If there are institutions listed on your application from which documents are not available, please so indicate and explain the reasons to the Admissions Committee.

Applicant name: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing Address: \_\_\_\_\_  
NUMBER AND STREET CITY/STATE/COUNTY/ZIP

Dates of enrollment: From: \_\_\_\_\_ To: \_\_\_\_\_  
MONTH/YEAR MONTH/YEAR

Degree conferred (if applicable): \_\_\_\_\_  
MONTH/YEAR

U.S. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### To: Registrar

Name of College or University \_\_\_\_\_

I hereby request that my transcript be sent to:

Clark University  
Chemistry Department  
950 Main Street  
Worcester, MA 01610-1477

\_\_\_\_\_  
SIGNATURE OF APPLICANT

### To be filled out by the Registrar

**NOTE TO THE REGISTRAR:** Please provide the information requested below and attach the applicant's transcript to the back of this form.

Check as appropriate

- Applicant is currently enrolled
- Degree conferred
- Other

Applicant's cumulative grade point average \_\_\_\_\_. If this average is not calculated on a 4.0 scale, please attach an explanation of the grading system.

Applicant's class rank \_\_\_\_\_.  Please check if rank is not available.



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# Confidential Recommendation

## CHEMISTRY

To the applicant  
Please type or print

Applicant name: \_\_\_\_\_  
LAST (FAMILY) FIRST MIDDLE

Current Address: \_\_\_\_\_  
NUMBER AND STREET CITY/STATE/COUNTY/ZIP

Phone #: \_\_\_\_\_

I hereby waive my right of access, under the Family Educational Rights and Privacy Act of 1974, to this letter of evaluation respecting my application for admission to the Graduate School of Clark University.

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

I do not waive my right to the above statement.

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

### To the Recommender:

The person named above is an applicant to Clark University's Graduate School. The Admissions Committee attaches considerable weight to the statements made by the recommenders the applicant has selected. You will greatly assist the members of the Committee and the applicant by providing candid responses to the items on the form. It is equally acceptable to respond to these questions in letter form, but should you choose this format, please **fill out the information in this box and staple the letter to the back of this form**. It is recommended that you keep a copy for your files in case the original should be lost in the mail. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. We would be pleased to provide you with additional information about our program if it will assist you in any way.

Name of recommender \_\_\_\_\_

Position/Title \_\_\_\_\_ School/Firm \_\_\_\_\_

Address \_\_\_\_\_

1. In what capacity have you known the applicant? \_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

3. What are the applicant's principal strengths? \_\_\_\_\_

\_\_\_\_\_

4. In what areas is the applicant weak? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. In your opinion, how well has the candidate planned for entry into graduate studies? \_\_\_\_\_

6. Please compare the applicant on the scale below with others you have known during your professional career. **Indicate the reference group you have in mind.** \_\_\_\_\_

	Exceptional (Top 2%)	Outstanding (Top 10%)	Excellent (Top 20%)	Good (Top 1/3)	Average (Middle 1/3)	Poor (Bottom 1/3)	Unable to Judge
<b>Intellectual ability</b>							
<b>Leadership</b>							
<b>Initiative</b>							
<b>Ability to work with others</b>							
<b>Maturity</b>							
<b>Oral communication skills</b>							
<b>Written communication skills</b>							
<b>Persistence and drive</b>							
<b>Planning skills</b> (ability to allocate and schedule resources, including time)							
<b>Analytical ability</b> (ability to explore problems in an orderly manner and generate alternatives; ability to synthesize)							

7. Please comment on the above ratings and make any additional statements concerning the candidate's qualifications for graduate study in light of your observations. (attach an additional sheet if necessary.) \_\_\_\_\_

8.  I strongly recommend that this applicant be admitted to Clark University's graduate program.  
 I recommend that this applicant be admitted to Clark University's graduate program  
 I recommend with some reservation that this applicant be admitted to Clark University's graduate program.  
 I do not recommend that this applicant be admitted to Clark University's graduate program.

My reservations are: \_\_\_\_\_

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

Please return this form to: Clark University  
Chemistry Department  
950 Main Street  
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*We are grateful for your assistance.*