

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

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

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:			

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

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,
Physics 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.



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

Transcript Request

PHYSICS

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
Physics 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

PHYSICS

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
Intellectual ability							
Leadership							
Initiative							
Ability to work with others							
Maturity							
Oral communication skills							
Written communication skills							
Persistence and drive							
Planning skills (ability to allocate and schedule resources, including time)							
Analytical ability (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
 Physics Department
 950 Main Street
 Worcester, MA 01610-1477

We are grateful for your assistance.