



**Graduate & Extended Studies**

Reibman Administration Building  
 East Stroudsburg, PA 18301-2999  
 (570) 422-3536  
 Email: [grad@po-box.esu.edu](mailto:grad@po-box.esu.edu)



**Please Note:** Students must apply to a program before the completion of 12 credit hours. Courses completed as a Special Status student will not automatically be applicable toward a degree or certification program.

**\* Students must provide an undergraduate transcript indicating the degree conferral date**

(Please print)

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*Last Name                                      First Name                                      Middle                                      Former Name*

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*Mailing Address                                      City                                      State                                      Zip Code                                      County                                      Home Phone*

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*Other Phone                                      Gender                                      Date of Birth                                      Email Address*

**Please list all institution(s) of higher education you have attended**

Institution	City/State	Dates Attended	Major/Minor	Degree/Certification Obtained	Date of Graduation

Do you meet Pennsylvania residency requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you obtain your undergraduate degree from ESU? <input type="checkbox"/> Yes <input type="checkbox"/> No	Semester and year you intend to enroll: <input type="checkbox"/> Fall (August) _____ Year <input type="checkbox"/> Spring (January) <input type="checkbox"/> Summer Session
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<b>Veteran Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Non-veteran	<b>Ethnic Background:</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African/American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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<b>IN CASE OF EMERGENCY PLEASE NOTIFY:</b>					
<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify) _____	<i>Last</i>	<i>First</i>	<i>MI</i>		
	<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
	<i>(Area Code)</i>	<i>Phone Number</i>			

I certify that these statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
*Signature* *Date*

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