

UNIVERSITY OF ADVANCING TECHNOLOGY

APPLICATION FOR GRADUATE ADMISSION

PLEASE COMPLETE THIS APPLICATION FOR ACCEPTANCE CONSIDERATION TO UAT'S GRADUATE DEGREE PROGRAM. REMIT COMPLETED APPLICATION AND ANY SUPPORTING DOCUMENTATION TO APPLICATIONS@UAT.EDU.

PERSONAL INFORMATION				
Name:				
Date of Birth: Phone:		:		SSN:
Current Address:				
City:		State:		ZIP Code:
Country:	Alterr	Alternate Phone: Email		:
UND ERGRADUATE EDUCATION Only include information from the institution you have (or will) receive your undergraduate degree.				
Previous Institution Attended:				
Area of Study:			Degre	e Obtained:
Phone:		E-mail:		Fax:
City:		State:		ZIP Code:
GPA:	Dates	Attended:	Minor	:
ADMISSION INFORMATION				
Which UAT Graduate Degree are you pursuing:				
US Citizen (Yes / No):				Gender:
Please indicate month and year of your intended start date: (Month options - January, March, May, June, September, October): Year:				
Are you eligible for Veteran Benefits (Yes / No):				
How did you first hear about UAT:				
Ethnic Origin (optional):				
Taken GRE (Yes / No): GRE Score:		GRE Date Taken:		
If your primary language is not English, please provide TOEFL score:			Date TOEFL Taken:	
ESSAY				
Compose (here or include in a separate attachment) a 250-to-500-word essay. Discuss your career aspirations, project/research interest, education goals and how this technology graduate degree program will help you achieve them:				
SIGNATURE I attest that all the information provided in this application is true and correct.				
Signature of Applicant:				Date: