

# Graduate Application for Admission

**This document becomes a part of your Simpson permanent record. Please complete it fully.**

- 1) Submit completed application (front and back) to Simpson College. An application fee is not required.
- 2) After application and official transcripts are received, you will be notified of the graduate admission committee's decision on your application.
- 3) Admissible candidates are required to pay a non-refundable matriculation fee of \$75 to complete the acceptance process. **Do not mail the matriculation fee with this application.** You will be notified by the college when you are admissible and the matriculation fee will then be requested to complete the process.

All communications concerning admissions should be directed to:

**Evening, Weekend and Graduate Programs, Simpson College, 515-961-1614, or toll-free 1-800-362-2454, x1614**

### Personal data

Name \_\_\_\_\_  
(Last name) (First name) (Middle initial) (Maiden name/other)

Address: street or post office box \_\_\_\_\_

Address \_\_\_\_\_  
(City) (State) (Zip)

Email Address \_\_\_\_\_

Phone \_\_\_\_\_  
(Cell) (Business) (Home)

Social security number \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Church preference \_\_\_\_\_ Member  Yes  No

\*Racial and gender data are requested to evaluate equal education opportunity. Providing the information is optional.

Ethnic origin:  American Indian/Alaskan Native  African-American  Caucasian  Asian/Pacific Islander  Hispanic  
 Other \_\_\_\_\_

Citizen of USA  Yes  No Resident alien  Yes  No If yes, resident alien regulation number \_\_\_\_\_

Sex:  male  female Marital status:  single  widowed  married  divorced Spouse's name \_\_\_\_\_

Spouse's highest level of education:  less than high school  high school  some college  associate degree  bachelor degree or higher

Parent's highest level of education:  less than high school  high school  some college  associate degree  bachelor degree or higher

Have you spoken or met with one of our academic advisors?  Yes  No

If yes, advisor's name \_\_\_\_\_

### Simpson plans

Are you currently enrolled at Simpson?  Yes  No

Planned "degree-seeking" enrollment date: \_\_\_\_\_ Spring semester \_\_\_\_\_ Summer \_\_\_\_\_ Fall semester

\_\_\_\_\_ FASTrack module I \_\_\_\_\_ FASTrack module II \_\_\_\_\_ FASTrack module III \_\_\_\_\_ FASTrack module IV

Will you be attending \_\_\_\_\_ day \_\_\_\_\_ evening/Saturday

Intended program of study: \_\_\_\_\_ Master of Arts in Teaching Concentration \_\_\_\_\_

\_\_\_\_\_ Master of Arts in Criminal Justice Concentration \_\_\_\_\_

Will you file or have you filed the Free Application for Federal Student Aid (FAFSA)?  Yes  No

**Academic record**

Please list the college or university from which you earned your degree:

College or University \_\_\_\_\_ Attendance dates \_\_\_\_\_

Degree \_\_\_\_\_ Major(s) \_\_\_\_\_

**To be considered for acceptance at Simpson College, you must have an official copy of your college transcript forwarded to our office. This can be accomplished through a written request to the school.**

List any tests taken in preparation for graduate school admissions such as GRE, Praxis, C-BASE, etc.

Test	Score	Date Completed

Please list employment for last five years:

Employer	City	Job title(s)	Start/end

*Applicants for admission to Simpson College are hereby notified that this institution does not discriminate on the basis of race, color, national origin, sex, age, creed, religion, or disability in admission or access to, or treatment in its programs and activities. Any persons having inquiries concerning Simpson College’s compliance with the regulations implementing Title VI, Title IX or Section 504 are directed to contact the Director of Human Resources, Simpson College, 701 North C Street, Indianola, Iowa 50125-1299.*

*If I am admitted/readmitted to Simpson College, I will abide by and uphold college rules and regulations to the best of my ability. I understand that failure to report accurate and complete information may result in an evaluation or withdrawal of the acceptance decision.*

*I certify that the information given here is correct and complete. I have read and/or am familiar with the Simpson College catalog in effect at the time of readmission and the academic and social regulations contained therein, and accept these as appropriate for guiding my future relationship with Simpson College.*

Applicant’s Signature \_\_\_\_\_ Date \_\_\_\_\_

*For office use only*

Business Office	Approved: _____	Denied: _____	By: _____	Date: _____
Perkins Loan Office	Approved: _____	Denied: _____	By: _____	Date: _____

**SIMPSON COLLEGE**  
**EVENING, WEEKEND AND GRADUATE PROGRAM**  
[www.simpson.edu/fastrack](http://www.simpson.edu/fastrack)

Ankeny  
2501 SE Tones Dr, Suite 800  
Ankeny, Iowa  
515-965-9355 Fax: 515965-9358

Indianola  
701 North C Street  
Indianola, Iowa  
515-961-1614 Fax: 515-961-1498

West Des Moines  
3737 Westown Parkway, Suite 2E  
West Des Moines, Iowa 50266  
515-223-8842 Fax 515-961-1887