

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 name) (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 _____

Are you Hispanic or Latino? () Yes () No

Please select one or more races: () American Indian/Alaskan Native () Asian/Pacific Islander
 () Black or African-American () White

Citizen of USA () Yes () No Resident alien () Yes () No If yes, resident alien regulation number _____

Sex: () male () female Marital status: () single () widowed () married () divorced

If applicable, 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

_____ FASTTrack module I _____ FASTTrack module II _____ FASTTrack module III _____ FASTTrack module IV

Will you be attending _____ day _____ evening/Saturday

Intended program of study: _____ Master of Arts in Teaching 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 & GRADUATE PROGRAMS

www.simpson.edu/ewg

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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
1415 28th St. Suite 250
West Des Moines, Iowa 50266
515-309-3099 Fax 515-961-1887