APPLICATION INSTRUCTIONS

Each applicant for admission as a Continuing Studies student is responsible for the collection and submission of all required materials together in a single envelope, including transcripts and recommendations. Incomplete applications cannot be considered. Send all materials to:

*Duke University Graduate School Office of Admissions*
*2127 Campus Drive*
*Box 90065*
*Durham, North Carolina 27708-0065*

Telephone: 919-684-3913 Email: grad-admissions@duke.edu

1. Application Form
   All details requested should be filled in completely and accurately. It is of particular importance to include in your statement your reasons for wishing to enroll and the area of intended study (question 15).

2. Application Processing Fee
   This fee of $80 is required of all applicants. The fee is non-refundable and should be paid by check made to Duke University and attached to the application.

3. Transcripts
   Applicants should obtain an official (with raised seal) copy of their college transcript(s) from the college Registrar(s) to be included with the application form and other materials. If the transcript is to be sent directly to Duke from the institution, the application should specify that it be sent to the Graduate School Admissions Office (address above) and not to any other address. Transcripts for all colleges/universities attended are required.

4. Recommendations
   Applicants are asked to obtain and submit with the application and other required materials at least one recommendation, which may be either an academic reference (preferred) or a recommendation from the current employer. Be sure to indicate on the application form who the recommender will be (question 14).

5. Statement of Activities
   Applicants are asked to attach a chronological list of their activities, indicating the years of study, employment, etc. since leaving college.

APPLICATION DEADLINES (for completed files)

   Fall Term ..................... August 1
   Spring term ..................... December 1
APPLICATION FOR ADMISSION AS A CONTINUING STUDIES STUDENT

1. ___ Female  ___ Male

   (print)   Last or family name  First  Middle

Under what other names might academic records be listed? _________________________________________________________________

2. Present mailing address ____________________________________________________________ # and street  city  state  zip

Permanent mailing address
(if different) ____________________________________________________________ # and street  city  state  zip

Current business address
(if applicable) ____________________________________________________________ # and street  city  state  zip

Telephone number(s) at which you can be reached (including area code)

   Day/work:_________________ night:_________________ cell:_________________
   E-mail address:___________________________________________________________

3. Race/National Origin (Please choose the one response that best describes the way you identify yourself.)

   ___ White (not Hispanic)  ___ Mexican American
   ___ African American, African Caribbean, or Black (describe) ______________  ___ Cuban American
    or (tribal affiliation) ______________  ___ Puerto Rican
   ___ Alaskan Native or American Indian (describe) ______________  ___ Latina/o or other Hispanic
   ___ Asian or Pacific Islander (describe) ______________________  ___ Do not choose to indicate

4. Country of Citizenship

   If not a US citizen, indicate your visa status and expiration date:_________________

5. Date of birth ___ ___     ____ ____     ________  Place of birth __________________

   Month                     Day                     Year

6. Desired year and term of admission: 20 ___    Fall ____   Spring_____ Summer ____

   If you have previously applied to the Graduate School or to Continuing Studies, indicate year, term, and outcome.

7. List in chronological order all institutions (undergraduate or graduate) attended. One official transcript from each institution is required with the application.

   _______ Institution  _______ Location  Dates of attendance from / to  Major or degree or diploma  Date received
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
8. Employment record: List all position that you have held for six months or longer (including present position, if any), with name of institution/firm and dates.

_______________________________________________________________________________________

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(Use separate sheet if necessary)

9. Person to be notified in case of emergency:
   Name:_____________________________________ Relationship:____________________________________
   Address:____________________________________________________________________________________
   Telephone: Day/work: ________________ Night:________________  Cell:__________________

10. Occupation of spouse if applicable:_______________________________

11. Have you ever been dismissed from a school or placed on probation? ____Yes ____ No

   If yes, please explain on a separate sheet.

12. Other than minor traffic offenses, have you ever been convicted of a criminal offense, or are there criminal
    charges pending against you?  ____Yes ____ No

   If yes, please explain on a separate sheet.

13. Have you contacted the Office of Continuing Studies? ____Yes ____ No

   If yes, please give date of contact and brief summary of discussion:

_______________________________________________________________________________________

_______________________________________________________________________________________

_______________________________________________________________________________________

14. Recommender’s name and position:______________________________________________________________

15. Write a statement of your reasons for desiring to enroll in graduate courses at Duke University. Indicate areas of
    study or departments in which you wish to take classes. If possible, list actual courses you wish to pursue.

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Duke University offers equal opportunity to all applicants without regard to race, color, sex, national and ethnic
origin, handicap, sexual orientation or preference, sex or age. The questions concerning race, sex and national origin
on this application form are for the purpose of meeting Federal reporting requirements.

_________________    ______________________________________________
        Date        Personal Signature