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 $85 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
   ___ Alaskan Native or American Indian (tribal affiliation)  ___ Puerto Rican
   ___ Latina/o or other Hispanic (describe)  ___ Do not choose to indicate
   ___ Asian or Pacific Islander (describe)  ___ Asian or Pacific Islander

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.

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<th>Institution</th>
<th>Location</th>
<th>Dates of attendance</th>
<th>Major or field</th>
<th>Degree or diploma</th>
<th>Date received</th>
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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.

(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