Application for Graduate Admission

A Small College of National Distinction
Name: ____________________________ Gender: ____________________________

Preferred Name: ____________________________ Birthdate: ____________________________

Address: ______________________________________________________________

City: ____________________________ State: _______ Zip: ____________________________

Cell Phone:* ____________________________

Permission to text: ☐ Yes ☐ No

Religious Preference:* ____________________________

Email:* ____________________________

IM Name:* ____________________________

Do you consider yourself to be Hispanic/Latino?* ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself*: ☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Pacific Islander

☐ White

*optional information

Citizenship: ☐ US ☐ Permanent Resident US ☐ Other

Country of Citizenship: ____________________________________________________________

Visa Status: ____________________________________________________________

Do you intend to apply for financial aid: ☐ Yes ☐ No

**Area of Emphasis within the MAT Program:**

☐ Elementary    ☐ Middle    ☐ Secondary

**Academic Information**

Please list all colleges/universities you have attended: ____________________________________________________________

__________________________________________________________

List all degrees earned:

__________________________________________________________

__________________________________________________________

__________________________________________________________

Cumulative Undergraduate GPA: ____________________________
# References

List three references. (Academic or Professional)

<table>
<thead>
<tr>
<th>Reference 1</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference 2</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Reference 3</th>
<th>Name</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Phone Number</td>
<td></td>
</tr>
</tbody>
</table>

Do you know anyone who has attended Bethany? If yes, please identify those people and your relationship to them.

Who/what influenced you to choose Bethany?


List significant honors and/or activities from your academic, professional and/or community experiences.

(may be included separately)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you anticipate needing additional academic support from the McCann Learning Center? ☐ Yes  ☐ No

Emergency Contact Information

________________________________________________________________________
Name                                               Relationship

________________________________________________________________________
Phone Number

I certify that all information provided in this application is correct.

I authorize any colleges or universities I have previously attended to release personal and academic information to Bethany College representatives. Official college transcripts and additional requested supporting materials must be received by Bethany College before an offer of admission can be made.

Date: ___________________________ Signature: ___________________________