

Department of Religion  
PO Box 3061520  
The Florida State University  
Tallahassee, Florida 32306-1520

APPLICATION FOR ADMISSION TO A GRADUATE PROGRAM

I wish to be considered for a graduate fellowship or assistantship.  Yes  No  
(Evaluations usually completed by the middle of March)

Applicants are responsible for seeing that the Department of Religion receives:

- |   |   |
|---|---|
| 1. Transcripts of all previous college work;              | 5. Statement of Purpose                     |
| 2. Three letters of recommendation;                       | 6. Sample of writing (class paper or essay) |
| 3. Graduate Record Examination Scores*;                   | 7. A recent photograph (optional)           |
| 4. Academic record in Religion (use list on reverse side) |   |

Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

U.S. Citizen:  Yes  No If not U.S. Citizen, birthplace \_\_\_\_\_

Present Address: \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Social Security Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Physical Disabilities (optional): \_\_\_\_\_

I plan to enroll in the  Fall  Spring  Summer semester of (year) \_\_\_\_\_ for  MA  Ph.D

I will attend  full-time  part-time.

Proposed area of concentration: (for M.A. only)

- |  |   |
|--|---|
| <input type="checkbox"/> American Religious History      | <input type="checkbox"/> History and Ethnography of Religions |
| <input type="checkbox"/> Religion, Ethics and Philosophy | <input type="checkbox"/> Religions of Western Antiquity       |

Proposed area of concentration: (for Ph.D. only)

- |  |   |
|--|---|
| <input type="checkbox"/> American Religious History      | <input type="checkbox"/> History and Ethnography of Religions |
| <input type="checkbox"/> Religion, Ethics and Philosophy | <input type="checkbox"/> Religions of Western Antiquity       |

Colleges attended (list most recent first)

- |          |           |                                   |  |
|----------|-----------|-----------------------------------|--|
| 1. _____ | Yr. _____ | Graduate <input type="checkbox"/> | Undergraduate <input type="checkbox"/> |
| 2. _____ | Yr. _____ | Graduate <input type="checkbox"/> | Undergraduate <input type="checkbox"/> |
| 3. _____ | Yr. _____ | Graduate <input type="checkbox"/> | Undergraduate <input type="checkbox"/> |

Names and addresses of the three persons you will ask to write letters of recommendations

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Graduate Record Examination Scores\*: Verbal \_\_\_\_\_ Quantitative \_\_\_\_\_ Combined \_\_\_\_\_

If you have not taken the GRE, when do you plan to take it? \_\_\_\_\_

\*Can be obtained from Educational Testing Service, 20 Naussau Street, Princeton, New Jersey.

Religion courses: indicate whether semester or quarter hours; compute quality points on basis of A=4.0.

<u>Title</u>	<u>College</u>	<u>Year</u>	<u>Hrs.</u>	<u>Grade</u>	Quality <u>Points</u>

Additional pertinent information: