

PLANS FOR GRADUATE STUDY

I intend to begin my graduate study Fall Semester Spring Semester Summer term Year _____
I plan to attend full-time part-time Online Program Location _____
(if other than on SCSU campus)

- Please attach a 1-2 paragraph statement of interest and objectives in pursuing a graduate certificate in Geographic Information Systems.

ACCESS TO ADMISSION APPLICATION FILE

St. Cloud State University complies with federal and state privacy laws and regulations. Those who may gain access to information in your file are staff and faculty at SCSU who have a need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state or federal law. In addition, you may review your own file. No one else may view your file without your written consent or a subpoena or court order. **If you want the University to give your information to someone else such as parents, spouse, other relatives, or friend, you must complete and sign this section of the application.** This consent will remain in effect for one year from the date you sign unless you advise the University earlier that you want to withdraw your consent. If you give someone else access to your file, that person may be able to help us process your application.

I authorize the following person(s) to receive information in my St. Cloud State University application file.

YES NO

Name _____

Relation to me _____

Address _____
Street City State Zip Code

Applicant's Signature _____ Date _____

SIGNATURE REQUIRED BY ALL APPLICANTS

I certify that the information given on this application and on all other application materials is complete and correct to the best of my knowledge. I understand that I am responsible for the forwarding of official transcripts from colleges and universities. I have attended, and that such transcripts become the property of SCSU and will not be returned. I understand that falsification of my records may be cause for SCSU to void either my admission or registration or take other appropriate action.

Applicant's Signature _____ Date _____

Return to: School of Graduate Studies
121 Administrative Services Building
St. Cloud State University
720 South Fourth Avenue
St. Cloud, MN 56301-4498

FOR OFFICE USE ONLY
Application Received _____ Date Admitted to Program _____