



**Graduate College**  
 200 Prospect Street  
 Zimbar-Liljenstein, Rm 154  
 East Stroudsburg, PA 18301-2999  
 (570) 422-3536  
 Email: [grad@po-box.esu.edu](mailto:grad@po-box.esu.edu)

**SPECIAL STATUS APPLICATION**

***Please Note:** Students must apply to a program before the completion of 12 credit hours. Courses completed as a Special Status student will not automatically be applicable toward a degree or certification program.*

**\* Students must provide an undergraduate transcript indicating the degree conferral date**

*(Please print)*

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*Last Name First Name Middle Former Name*

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*Mailing Address City State Zip Code County Home Phone*

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*Other Phone Gender Date of Birth Email Address*

**Please list all institution(s) of higher education you have attended**

Institution	City/State	Dates Attended	Major/Minor	Degree/Certification Obtained	Date of Graduation

<p>Do you meet Pennsylvania residency requirements?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p>Did you obtain your undergraduate degree from ESU?  <input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	<p>Semester and year you intend to enroll:  <input type="checkbox"/> Fall (August) _____ Year  <input type="checkbox"/> Spring (January)  <input type="checkbox"/> Summer Session</p>
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<p><b>Veteran Status:</b>  <input type="checkbox"/> Veteran      <input type="checkbox"/> Non-veteran</p>	<p><b>Ethnic Background:</b>  <input type="checkbox"/> White    <input type="checkbox"/> Hispanic/Latino    <input type="checkbox"/> Black/African/American    <input type="checkbox"/> Asian  <input type="checkbox"/> American Indian/Alaskan Native    <input type="checkbox"/> Native Hawaiian/Pacific Islander</p>
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<p><b>IN CASE OF EMERGENCY PLEASE NOTIFY:</b></p> <input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify) _____					
	Last	First	MI		
	Address	City	State	Zip	
	(Area Code)	Phone Number			

I certify that these statements are true and correct to the best of my knowledge.

Signature

Date

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