



Application for Postgraduate Admission

2017-2018 Academic Year

**All applicants must submit a completed application.
The Admissions Committee will not review incomplete applications.**

Office of Postgraduate Admissions
218 Libermann Hall 600 Forbes Avenue
Pittsburgh, PA 15282

Office of International Admissions
600 Forbes Avenue
Pittsburgh, PA 15282-1201 USA

APPLICATION FOR POSTGRADUATE ADMISSION

Be sure to type or print clearly in ink. Incomplete applications will not be reviewed.

Check One: U.S. Citizen Permanent Resident/Greencard #: _____ International Applicant/Country of Citizenship*: _____

A. PERSONAL INFORMATION

Legal Name _____ Male Female
Last First Middle

Home Address _____ City _____ State/Province _____

Zip/Postal Code _____ County _____ Country _____ Birth Country _____

Preferred Contact Number (_____) _____ Date of Birth(mm/dd/yyyy) _____ Birth City _____

E-mail _____ U.S. Social Security Number _____ - _____ - _____ (If available for international students.)

Are you related to an alumnus of Duquesne University? ___ Yes ___ No If yes, please complete the following:

Relationship _____ Name _____ Degrees/Date _____

Relationship _____ Name _____ Degrees/Date _____

What is your ethnicity?

Hispanic or Latino Not Hispanic or Latino

Select one or more races to indicate what you consider yourself to be.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or other Pacific Islander

White

Religious Denomination or Rite _____

B. ENROLLMENT STATUS

Anticipated Entry Term ___ Fall (August) ___ Spring (January) ___ Summer (May) Year: 20 _____

Do you plan to live on campus? Yes No

ACADEMIC PLANS

Academic Programs (Please choose one.)

Biomedical Engineering

_M.S. Biomedical Engineering

Business

Certificate

_Master's Certificate in Supply Chain Management

MBA Programs

Professional MBA (evening and online, part-time/full-time)

MBA Sustainable Business Practices (daytime, full-time)

Specialized Master's

_MS in Accountancy

_MS in Information Systems

_ManagementMS in Management (online)

_MS in Sports Business (online)

_MS in Supply Chain Management

Education

Certification/Licensure Only Programs

_Board Certified Behavior Analyst (BCBA)

_Counselor Licensure

_School Counseling Certification

_School Supervision

_TESOL Certificate

Endorsements

_Autism Spectrum Disorders Endorsement

_Online Teaching Endorsement (online)

Post-Master's Programs

_Counselor Licensure

_School Counseling Certification

M.S.Ed.

_Child Psychology

_Clinical Mental Health Counseling

_Early Level (PreK- 4)

_Educational Studies - Educational Studies, Program Evaluation,

_Classroom Assessment

_English as a Second Language and Certificate Programs

_Instructional Technology (online)

_Marriage, Couple and Family Counseling

_Reading and Language Arts

_School Administration K-12

_School Counseling

_School Counseling for Certified Teachers

_School Supervision

_Secondary Education - English

_Secondary Education - Latin

_Secondary Education - Mathematics

_Secondary Education - Sciences

_Secondary Education - Social Studies

_Special Education - Cognitive, Behavior, Physical/Health

_Disabilities (PreK-8, 7-12)

_Special Education - Community and Special Education Support

Ed.D.

_Instructional Technology (online)

_Educational Leadership

Ph.D.

_Counselor EducationSchool

_PsychologySpecial Education

Psy.D.

_School Psychology

Academic Programs (Please choose one.)

Health Sciences

_M.H.M.S.
_Health Management Systems

M.S.
_Speech-Language Pathology

M.P.A.
_Physician Assistant

D.P.T.
_Physical Therapy
O.T.D.
_Occupational Therapy
_Post-Professional Doctorate in Occupational Therapy

Ph.D.
_Rehabilitation Science

Law

_L.L.M.
_Laws and Letters (Foreign Lawyer)

J.D.
_Law - Juris Doctor
_Law/Master of Business Administration
_Law/Master of Health Care Ethics
_Law/Master of Science in Environmental Science & Management
Law/Master of Divinity
_Law/Master of Philosophy

Liberal Arts

Certificate
_Healthcare Ethics
_Interpretive and Qualitative
_Research Media Arts
_Pastoral Ministry
_Women's and Gender Studies

M.A.
_Communication & Rhetorical Studies
• Corporate Communication (Specializations: Crisis and Risk Communication, Management Nonprofit Communication or Integrated Marketing Communication)
• Communication (Emphasis Areas: Communication Studies or Rhetoric and Philosophy)
• Rhetoric & Philosophy of Communication
• Dual Degree M.A. Programs

_English
_Healthcare Ethics
_History
_Pastoral Ministry
_Philosophy
_Public History
_Religious
_Education
Theology

M.S.
_Computational Mathematics Leadership (online)
Multimedia Arts & Technology
• Digital Media
• Media Management
• Web Design and Development

Ph.D.
_Clinical Psychology
_English
_Philosophy
_Rhetoric
_Systematic Theology

Ph.D./DHCE
_Healthcare Ethics

Music

Certificate
_Music Education
_Music Therapy

M.M.
_Music Performance
_Sacred Music

Artist Diploma
_Music Performance
_Chamber Music

Natural and Environmental Sciences

Certificate
_Environmental Management
_Environmental Science

M.S.
_Biotechnology
_Environmental Science and Management

Ph.D.
_Biological Sciences
_Chemistry and Biochemistry

Nursing

Post-Master's Certificate
_Family (Individual Across the Lifespan) Nurse Practitioner (online)
_Forensic Nursing (online)
_Nursing Education and Faculty Role (online)

M.S.N.
_Family (Individual Across the Lifespan) Nurse Practitioner (online)
_Forensic Nursing (online)
_Nursing Education and Faculty Role (online)

D.N.P.
_Doctor of Nursing Practice (online)

Ph.D.
_Nursing (online)
_Nursing Ethics (online)

Pharmaceutical Sciences

PharmD
_Weekend Pharmacy (Doctor of Pharmacy)

M.S./Ph.D.
_Medicinal Chemistry
_Pharmaceutics
_Pharmacology

M.S.
_Pharmacy Administration

Post-Baccalaureate Pre-Medical

Certificate
_Post-Baccalaureate Pre-Medical Program (PB-PMHPP)

Certificate/Dual Program
_PB-PMHPP/Master's of Biotechnology
_PB-PMHPP/Master's of Health Management
_Systems
PB-PMHPP/Master's of Healthcare Ethics

C. EDUCATIONAL BACKGROUND

Previous College/University Information

School Name _____ CEEB Code _____ School Phone Number (_____) _____

School Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Counselor's Name _____ Counselor's E-mail Address _____

Attended from (mm/yyyy) _____ Attended to (mm/yyyy) _____ Expected/Conferred Degree Date (mm/dd/yyyy) _____

Degree Type (Specify Undergraduate, Graduate, Doctorate, Other) _____

Program of Study/Major or Degree/Expected/Earned _____

Have you taken the IELTS or TOEFL Exam? Yes No

D. PERSONAL INFORMATION

1. Have you ever been convicted, pled guilty or no contest (nolo contendere) to a crime other than a summary traffic offense?
____ Yes ____ No (If yes, attach a separate sheet and describe in full detail.)

2. Are there any criminal charges presently pending against you other than a summary traffic offense? ____ Yes ____ No
(If yes, attach a separate sheet and describe in full detail.)

3. Are you eligible to participate in any tuition assistance programs such as SAGE, TAP, Tuition Exchange, etc.? ____ Yes ____ No
If yes, please list program: _____ If SAGE, what is the amount of your tuition reward? _____

4. List all dates you have taken or plan to take the SAT/ACT (Mo./Yr.): _____

5. Are you a seminarian? ____ Yes ____ No

6. Are you a Duquesne employee or the son or daughter of a full-time Duquesne employee? ____ Yes ____ No
If yes, list employee's name and department: _____

7. Are you a sister, brother, niece or nephew of a Spiritan Father or Brother? ____ Yes ____ No
If yes, list relative's name and relationship: _____

8. Are you a veteran? ____ Yes ____ No
If yes, have you served at least 90 days on active duty after September 10, 2001? ____ Yes ____ No

9. Are you the spouse of a veteran? ____ Yes ____ No
If no, are you the dependent (daughter or son) of a veteran? ____ Yes ____ No

E. FAMILY INFORMATION

Father/Guardian/Spouse _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____

County _____ Country _____

Home Phone (____) _____ Work Phone (____) _____

E-mail Address _____

Occupation _____

List any degrees _____

Mother/Guardian/Spouse _____

Address _____ City _____

State/Province _____ Zip/Postal Code _____

County _____ Country _____

Home Phone (____) _____ Work Phone (____) _____

E-mail Address _____

Occupation _____

List any degrees _____

F. SIGNATURE

ALL APPLICANTS: Sign and date this application below and submit a non-refundable application fee of \$50 (US) payable to Duquesne University. I understand that my continuance at the University, the receipt of academic credits, graduation, and the conferring of any degree or the granting of any certificate are strictly subject to the disciplinary authority of the University, which is vested in the President, and subject to his reserved powers, in the dean of each faculty. Your signature below indicates that you have read this application carefully and that the information you have provided is correct and complete.

Signature _____ Date _____

AFFIDAVIT OF FINANCIAL SUPPORT FORM

INSTRUCTIONS: Please PRINT or TYPE. This form has two initial parts — one for privately supported students and one for agency-supported students. Privately supported students receive financial support from their own resources, their parents, or a relative/friend. Agency-supported students receive support from a government or other agency. You need to complete only one of the first two parts (private or agency), unless you will receive support from both of these sources. All applicants, including scholarship candidates, must complete part 3.

This form must be accompanied by evidence of available finances in the form of original notarized or certified official BANK STATEMENTS, EMPLOYER'S GUARANTEE/STATEMENTS, or AGENCY FINANCIAL GUARANTEE. **No uncertified photocopies can be accepted.** Certified/notarized documents are those that have been stamped with a seal of authentication by an authorized official.

Be sure to sign this form after completing Part 1 OR Part 2 AND Part 3. (No immigration documents can be issued until all financial resource certifications have been received by Duquesne University.) **Part 3 must be completed and notarized to make this document official.**

Name of Applicant _____
Last (Family Name) First (Given Name) Middle

Country of Citizenship _____ Date of Birth _____
Month/Day/Year

PART 1 – PRIVATELY SUPPORTED STUDENTS

As the financial sponsor of the applicant whose name appears above, I attest to my ability to furnish financial support for expenses of the above applicant's study at Duquesne University and am providing evidence of available funds for the academic year specified for the program indicated in this application.

Name of Sponsor _____

Relationship to Sponsored Student _____

Signature of Sponsor _____

Date _____ Signature and Seal of Notary _____

PART 2 – AGENCY-SUPPORTED STUDENTS

As the financial sponsor of the applicant whose name appears above, our organization will financially support the applicant's study at Duquesne University.

Name of Agency _____

Student's Agency Identification Number (if known) _____ Date _____

Name and Title of Agency Authorizing Official _____

PART 3 – FINANCIAL RESOURCES AVAILABLE: SUMMARY STATEMENT

NOTE: Institutional compliance with U.S. law and immigration regulations requires that all international applicants provide evidence of sufficient financial resources to support their education. The total funds available to you from all sources (whether single or combined) must meet the total of estimated academic year costs for your degree program at Duquesne University. Duquesne will not issue immigration documents without this documentation as defined above. The amounts below must match the amounts indicated on the bank statements/financial guarantees provided.

1) Personal Funds Available.....\$ _____ Bank Certification enclosed

2) Agency Funds Available.....\$ _____ Financial Guarantee enclosed

3) Total (1 and/or 2).....\$ _____

I certify that the information provided in this Affidavit of Financial Support Form is correct and complete. All privately supported students must have this form notarized with appropriate signature and seal before submission.

Signature of Applicant _____ Date _____

OPTIONAL RECOMMENDATION FORM

Please have this form completed by an academic source at your school and return to Office of Admissions, Duquesne University, 600 Forbes Ave., Pittsburgh PA, 15282, fax to 412.396.5644, or e-mail to recommendations@duq.edu.

Note: Health Sciences, Pharmacy, Forensic Science, Natural and Environmental Sciences and Nursing applicants should request a recommendation from either a science or math teacher.

Applicant's Name _____

High School Name, City and State _____

Please check one column in each line to critique the applicant's character and abilities.

	Excellent	Good	Average	Below Average	No Basis
Character and Personality					
Integrity and Values					
Leadership					
Emotional Maturity					
Extracurricular Involvement					
Contributions to the School/Community					
Intellectual Ability and Achievement					
Intellect					
Creativity					
Critical Thinking					
Motivation/Initiative					
Communication Skills					

Overall Evaluation and Comments:

How long have you known the applicant? _____

What is your relationship to the applicant? _____

My judgment on this individual regarding admission to Duquesne University is to: (check one)

- Recommend
 Do not recommend
 Recommend with hesitation

Your Name: _____ Occupation/Title: _____

Phone: _____ E-mail: _____

Address: _____

Signature _____ Date _____

Do you authorize the Disclosure/Release of this recommendation to the applicant? Yes No

Notice of Nondiscrimination Policy

It is the policy of Duquesne University to admit those applicants who are best qualified to profit from the opportunities it offers for intellectual, spiritual and social growth. It does not discriminate on the basis of religious preference, sex, race, color, national or ethnic origin, non-performance-related handicap or veteran's status in the administration of its educational policies, admissions policies, scholarship and loan programs, and athletics or other University-sponsored programs.

Security Statistics, Policies and Procedures

Pursuant to the requirements of the *PA College and University Security Information Act* and the *Clery Campus Crime Statistics Act*, the annual Campus Security Report can be found on the University website at www.duq.edu or a copy can be requested from the University Public Safety Department at 412.396.6002. The Report contains three years of on/off campus crime statistics, the University's policy statement, a description of relevant campus programs and the procedures for reporting crimes. Daily crime logs are available for review in the Department of Public Safety by calling 412.396.6007 from 8:30 a.m. to 4:30 p.m., Monday through Friday.



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