



# Brandeis University

Application for Admission

Graduate School  
of Arts and Sciences

MS 031  
P.O. Box 9110  
Waltham,  
Massachusetts 02454-9110  
gradschool@brandeis.edu  
www.brandeis.edu/gsas  
781-736-3410

GSAS Use Only \_\_\_\_\_  
Acknowledged   
Application fee \_\_\_\_\_  
P  NP   
Record #: \_\_\_\_\_

## General Information

Please type application.

Name		First	Middle initial	Family name	Former name
<input type="checkbox"/> Female	<input type="checkbox"/> Male	Date of birth	/	/	
		month	day	year	
Social Security number			Country of citizenship		

If a non-U.S. citizen, are you a permanent resident of the U.S.?  Yes  No

Are you a Brandeis graduate/current student?  Yes  No

Have you applied to the GSAS in the past?  Yes  No When? \_\_\_\_\_

Optional: What is your ethnic or racial heritage?

- American Indian/Alaskan Native       Caucasian/White       Other (please specify)  
 Black (non-Hispanic)       Asian (including Indian  
 Hispanic (including Puerto Rican)      subcontinent or Pacific Islander)

## Program Information

To which graduate program are you applying?

Refer to list on previous pages.

If known, please indicate the names of the faculty with whom you are interested in working.

Indicate degree desired. Students may apply to a Ph.D. program directly from their undergraduate program.

- M.A.       M.S.       M.F.A.       Ph.D.       Special Student (non-degree)  
 Joint M.A./Women's Studies (Anthropology, English, Near Eastern and Judaic Studies, Sociology only)  
 Joint M.A. (Jewish Communal Service and Near Eastern and Judaic Studies only)  
 Joint M.A./M.M. (Jewish Communal Service and Heller School only)  
 Joint M.A. (Near Eastern and Judaic Studies and Sociology only)  
 Joint Ph.D. (Near Eastern and Judaic Studies and Sociology only)  
 Post-Baccalaureate Certificate/Diploma       Artist's Diploma  
 B.A./Master's (Brandeis undergraduates only)

Entrance Date  Fall  Spring Year \_\_\_\_\_

Registration status  Full-time  Part-time

Do you wish to be considered for financial assistance?  Yes  No

Do you wish to be considered for the Dean's Fellowship?  Yes  No

Did you file your CSS Profile?  Yes  No

Where else have you applied?

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List persons writing letters of recommendation on your behalf. Some programs require three letters of recommendation.

Name

Address

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

**Educational Record**

College(s) attended Major field Cumulative G.P.A. Degree and date awarded

\_\_\_\_\_

\_\_\_\_\_

Graduate school(s) attended Major field Cumulative G.P.A. Degree and date awarded

\_\_\_\_\_

\_\_\_\_\_

Date(s) on which GRE was taken: \_\_\_\_\_

Scores earned: V Q A Subject \_\_\_\_\_

Date(s) on which TOEFL Exam taken: \_\_\_\_\_ Scores earned \_\_\_\_\_

Date(s) on which other exams (please identify) taken: \_\_\_\_\_ Scores earned \_\_\_\_\_

Foreign languages studied Number of years studied Degree of proficiency

\_\_\_\_\_

\_\_\_\_\_

How did you hear of Brandeis University?

- Advisor/Faculty
- Brandeis Publication
- Brandeis Webpage
- Graduate School Fair
- GRE Forum
- Guidebooks and Publications \_\_\_\_\_  
please specify which publication
- On-line Search Service \_\_\_\_\_  
please specify which service
- Other \_\_\_\_\_  
please specify

**Address**

*We will be sending time-sensitive information. If you have more than one address, please note specific effective dates.*

Address I (effective dates: / / to / / )

\_\_\_\_\_

Daytime telephone Evening telephone

e-mail address FAX

Address II (effective dates: / / to / / )

\_\_\_\_\_

Daytime telephone Evening telephone

e-mail address FAX

**I hereby certify that the information given above and in any attached documents is complete and accurate.**

Signature of applicant Date