



Application for Graduate Studies

Office of Graduate Studies

This application is for non-degree graduate students.

Date of Application: _____ **Application for:** _____ **Fall** _____ **Spring** **Year:** _____

Name (last, first middle)	____	____
Other last names:		
Date of Birth:	/	/
Full Address:		
Cell/Home Phone:		
Sex:	____ Male ____ Female	
Citizenship:	____ U.S. ____ Permanent Resident ____ Other: _____	
Return to:	Fax: (203) 837-8326 Send as attachment: graduateadmissions@wcsu.edu Mail to: Western Connecticut State University, 181 White Street, Danbury, CT 06810 Attention: Office of Graduate Admissions	

Please explain the reason for taking courses.

Transcript(s) from all the colleges/universities attended are required before you will be able to register for courses. Transcripts can be forwarded to: Email: graduateadmissions@wcsu.edu or Fax: 203-837-8326 or Mail: Western Connecticut State University, 181 White Street, Danbury, CT 06810 Attention: Office of Graduate Studies

The above statements are verified by signature: _____ *(signature)* _____ *(date)*

Incomplete form will not be processed.

Decision:	Approved _____ Denied _____ Other _____ Date: _____
Approvals:	
Action:	
Notes	