



Return to:
 101 Wilder Tower
 Memphis, TN 38152
 Phone: (901) 678-2111
 FAX: (901) 678-5023

GRADUATE ADMISSIONS

CHANGE OF STATUS APPLICATION

(This form is interactive)

A departmental recommendation form including transcripts and test scores will be sent to the department for review. Incomplete files (missing test scores or transcripts) are sent only at the request of the Department Chair or the College Director of Graduate Studies. Please contact the department of the program you are requesting in regard to departmental admission requirements.

Name: _____
Last First Middle Initial

SSN or U-Number: _____ Date of Birth: _____

Address: _____
Number & Street

City State Zip Telephone Number

Indicate Preferred Term of Admission: Fall Spring Summer Year _____

DEGREE INFORMATION

Please indicate appropriate program for which you are applying (see list below): _____
 IMBA MA MALS MArch MAT MBA MCRP MED MFA MHA MMU MPA MPH MPS MS
 MSN MSW EDS AUD DMA EDD PHD Graduate Certificate Program

Department Name: _____

Major: _____ Concentration: _____

Test Data: Please indicate which of the following admissions tests you have taken or plan to take:

GRE General: _____ Date: _____ GMAT: _____ Date: _____
 GRE Subject: _____ Date: _____ MAT: _____ Date: _____

Currently enrolled in: _____
Major Degree

Will you be completing this degree program? Yes No If yes, when? _____

NON-DEGREE SEEKING APPLICANTS

You will be taking courses for: Credit Audit

Signature: _____ Date: _____

Revised: 10/27/10