

# ***APPLICATION for CURRENT CUA GRADUATE STUDENTS To Apply to a Higher Degree***

*Note: This application should only be used for graduate students currently enrolled at  
The Catholic University of America.*

**Prefix (optional)** \_\_\_\_\_ (Mr., Mrs., Ms., Dr., Rev., Sister, Brother)      **Suffix** \_\_\_\_\_ (Jr., Sr., I, II, III)

**Full Name:** \_\_\_\_\_  
*Please print or type*                                      last (family)                                      first                                      middle

**Other name(s) under which your CUA record is maintained:** \_\_\_\_\_

**Gender:**     Female     Male                      **U.S. Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Citizenship Status:**     U.S. Citizen     Permanent Resident     Non-U.S. Citizen

**If you are not a U.S. citizen or permanent resident of the United States:**

Country of citizenship: \_\_\_\_\_

Current Visa issued by CUA: \_\_\_\_\_      Expiration Date of Status: \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (mm/dd/yy)      **Birthplace:** \_\_\_\_\_

**Military Status:**     Not applicable     Active     Inactive     Retired     Reserve

**Email Address:** \_\_\_\_\_  Home     Business     Other

**Preferred name/nickname:** \_\_\_\_\_

**Permanent Address/Overseas Address for International Students:** \_\_\_\_\_

**Current Mailing Address:** \_\_\_\_\_  
*(If different from permanent)*

**Current Mailing Address can be used until:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Business Phone:** \_\_\_\_\_

**Last semester and year of enrollment at CUA:** \_\_\_\_\_

**Semester Applying for:**

**Term Year** (choose one):       2018       2019       2020

**Semester** (choose one):       Fall       Spring       Summer

**School:** \_\_\_\_\_ **Department/Program:** \_\_\_\_\_ **Degree:** \_\_\_\_\_

**List items that you are submitting with this application:**

*(All International students must submit new evidence of financial support with this form.)*

**Comments regarding this application:**

I hereby certify that I have personally filled out this form and that the information is complete and accurate. I understand that this application and all documents and credentials (including photocopies) submitted in support of this application become the property of the university and are not returnable under any circumstances.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Completed application and supporting documents should be submitted to:  
Office of Graduate Admissions  
The Catholic University of America  
O'Connell Hall  
Washington, DC 20064

**Internal Use Only:**

**Admit**

**Other**

\_\_\_\_\_  
Signature/Date, Chair or Program Director

\_\_\_\_\_  
Signature/Date, Dean