



BROWN Graduate School *Forms*

Brown University
Box 1867
Providence, RI 02912
tel: 401 863-2600
fax: 401 863-7341
Graduate_School@brown.edu

5TH-YEAR MASTER'S DEGREE APPLICATION

NAME: _____ STUDENT ID: _____ SSN: _____

UNDERGRADUATE CONCENTRATION: _____ GRADUATION DATE: _____

PROPOSED GRADUATE PROGRAM: _____ U.S. CITIZENSHIP Y N Perm Res

FOR ENROLLMENT BEGINNING IN: SUMMER FALL SPRING OF YEAR: _____

FACULTY ADVISOR: _____ ANTICIPATED GRADUATION DATE: _____

PERMANENT ADDRESS

MAILING ADDRESS (if different than permanent)

STREET ADDRESS

STREET ADDRESS

CITY STATE ZIP

CITY STATE ZIP

COUNTRY TELEPHONE

COUNTRY TELEPHONE

Effective dates: _____
FROM TO

DATE OF BIRTH _____
MONTH DAY YEAR

SEX MALE FEMALE

PLACE OF BIRTH _____
CITY STATE COUNTRY

MARITAL STATUS MARRIED SINGLE

ARE YOU A U.S. CITIZEN OR LAWFUL PERMANENT RESIDENT? YES NO PERMANENT RESIDENT

If yes or permanent resident, choose one of the following (even if multiracial):

Native American or Aleutian Asian American or Pacific Islander Black Non-Hispanic Latino American
Chicano/Mexican American Other Hispanic American Puerto Rican White Non-Hispanic

In addition to the above, in terms of ethnic group I consider myself to be: _____

If no, country of citizenship: _____

List names and departments of two Brown faculty members who will send letters of recommendation on your behalf. Letters of recommendation must be of recent date, and they must be written by people qualified to judge your capacity for advanced study. Letters of recommendation are usually retained by the Graduate School through the annual application and decision-making cycle only and are disposed of after they have served their purpose.

I certify that the information provided in this application is complete and accurate, and that any misrepresentation may be cause for denial or revocation of admission.

Student _____

Date _____



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PERSONAL STATEMENT

Please give your reasons for deciding to do graduate work in the field you have chosen. Include a statement concerning your past work (study and research) in your chosen field, your plans for study at Brown, including issues and problems you want to address, and your professional goals.



RECOMMENDATIONS

APPLICANTS

Complete the top portion of this form and give printed copies to your recommenders; two are required for your application.

Name of Applicant _____
LAST FIRST MIDDLE

Proposed Department _____

Name of Referee _____
LAST FIRST

Position, Title, University _____

The Family Educational Rights and Privacy Act of 1974 and its amendments guarantee students access to educational records concerning them. Students are permitted to waive their right of access to recommendations. The following statement indicates the wish of the applicant regarding this recommendation:

I waive I do not waive my right to inspect the contents of the following recommendation.

SIGNATURE

DATE

NOTE: This waiver is not required as a condition for admission to or receipt of financial aid or any other services and benefits from Brown University. It is Brown University policy that all letters of recommendation be used for the admission process only and will be disposed of after they have served this purpose.

RECOMMENDERS

Please indicate the applicant's abilities on the matrix below and attach a one-page letter describing your opinion of the applicant for graduate study, including comments on strengths and weaknesses, creativity, initiative, and aptitude for advanced study. Any other relevant information you care to include will be welcome.

Please rate the applicant relative to other students in the same field in recent years.

	UNABLE TO JUDGE	LOWEST 50%	NEXT 25%	NEXT 15%	NEXT 5%	TOP 5%
Academic Performance						
Intellectual Potential						
Motivation for the proposed program of study						

SIGNATURE

DATE

POSITION

INSTITUTION