



## APPLICATION FOR NONDEGREE GRADUATE ADMISSION

### How to Apply

#### APPLICATION PROCESSING FEE (NONREFUNDABLE)

\$25 if you are seeking nondegree admission or an endorsement.

You may pay the application processing fee by credit card, check or money order. Make your check or money order payable to Northern Arizona University. Be sure to include your full name on your check or money order.

#### NONDEGREE CLASSIFICATION

**PLEASE NOTE: NonDegree seeking students are not eligible for Financial Aid.**

##### Use this application if:

- You wish to enroll in graduate-level coursework without seeking admission to a graduate program (personal enrichment). Graduate tuition rates apply. Should you decide later to pursue a graduate degree or certificate, you must submit an Application for Graduate Admission and pay the \$50 application processing fee. You may count toward a graduate degree 12 hours of appropriate coursework taken as a nondegree student, if you have approval from your adviser;
- If you are seeking an educational endorsement.

##### Do not use this application if:

You are seeking post-degree teaching certification. You must apply for admission as a post-baccalaureate student with the Office of Undergraduate Admission.

#### ARIZONA RESIDENCY VERIFICATION FORM

You are required to complete the Arizona Residency Verification Form if you wish to be considered for Arizona residency. Every student not classified as a resident of Arizona is required to pay nonresident tuition in addition to other fees and charges.

#### CITIZENSHIP VERIFICATION

In accordance with Arizona law, **all** students attending NAU must provide documentation of U.S. citizenship in order to qualify for in-state tuition or any other type of financial assistance that is subsidized with state monies. Please include with your application a photocopy of one of the following forms of documentation: An Arizona driver's license or Arizona state ID (issued 1996 or after); birth certificate showing birth in a U.S. state, territory, or possession; U.S. passport; U.S. naturalization certificate; U.S. permanent resident card; foreign passport with U.S. visa. For a complete list of acceptable documentation go to

[http://home.nau.edu/Verification\\_of\\_Eligibility.asp](http://home.nau.edu/Verification_of_Eligibility.asp)

#### SPECIAL SERVICES

Students with special needs are encouraged to complete the admission process within at least three months in advance of the semester in which enrollment is planned. It is the student's responsibility to request accommodations in a timely manner and to provide the appropriate documentation to verify eligibility for support services. Information is available from Disability Support Services, PO Box 5633, Flagstaff, AZ 86011-5633, voice: (928) 523-8773, TTY: (928) 523-8747, web site <http://home.nau.edu/edsup/ssss>

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#### Send your application and processing fee payment to:

Graduate College  
Northern Arizona University  
PO Box 4125  
Flagstaff, AZ 86011-4125

E-mail: [Graduate.College@nau.edu](mailto:Graduate.College@nau.edu)  
Telephone: (928) 523-4348  
Fax: (928) 523-8950

Location: Room A-107, Ashurst Building (#11) Knoles Drive

Visit our web site at: <http://home.nau.edu/gradcol/>



## APPLICATION FOR NONDEGREE GRADUATE ADMISSION

Remember to enclose the \$25 Application Processing Fee. (Nonrefundable)

**COMPLETE ALL ITEMS: please print in ink or type.**

*FULL LEGAL NAME:	_____	_____	_____
	Last Name	First Name	Middle Name
*Former name(s):	_____	_____	_____
	Last Name	First Name	Middle Name
*Former name(s):	_____	_____	_____
	Last Name	First Name	Middle Name

Previous Enrollment at NAU:  No  Yes

\*\*SOCIAL SECURITY NO. \_\_\_\_\_

\*DATE OF BIRTH \_\_\_\_\_ \*GENDER  MALE  FEMALE VETERAN  YES  NO

Month Day Year

ETHNICITY: Federal law requires the university to report the ethnicity of all applicants who are U.S. citizens and resident aliens in the following categories:

Are you Hispanic/Latino:  Yes  No

Are you (mark all that apply):  Black (African American)  American Indian/Alaska Native\*  Asian  
 Native Hawaiian or Other Pacific Islander  White (Caucasian)

\* If you marked American Indian/Alaska Native, specify tribal/corporate affiliation(s): \_\_\_\_\_

COUNTRY OF CITIZENSHIP:  United States  Other: \_\_\_\_\_

*If you are not a U.S. citizen, please attach a copy of the front and back of your resident alien card or verification of visa status.*

PREFERRED MAILING ADDRESS: \_\_\_\_\_

Number and Street Name or Box Number Apt. #

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City State ZIP Code

\*PREFERRED DAYTIME PHONE NO: \_\_\_\_\_ \*E-MAIL ADDRESS: \_\_\_\_\_

PLANNED ENROLLMENT AT NAU: YEAR: \_\_\_\_\_  Fall  Spring  Summer

PROGRAM:  Personal Enrichment  Endorsement

PLANNED ENROLLMENT LOCATION:  Flagstaff Campus  Statewide Location: \_\_\_\_\_

**LIST ALL PREVIOUS COLLEGES AND UNIVERSITIES ATTENDED, INCLUDING NORTHERN ARIZONA UNIVERSITY (list latest first)**

Name of Institution	City and State	Dates Attended From To	Cum GPA	Degree	Date Received/Expected

DO YOU CONSIDER YOURSELF AN ARIZONA RESIDENT?  NO  YES. If YES, Complete the verification form on the last page of this application.

\*Denotes information that may be given out in response to general inquiries, unless applicant provides a written statement specifically prohibiting its release.  
 \*\*Disclosure of your Social Security Number is required by NAU for tax reporting purposes under the Tax Relief Act of 1972.

MasterCard  Visa

Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expires: \_\_\_\_\_/\_\_\_\_\_

Signature for credit card \_\_\_\_\_

I certify that all information provided in this application is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Northern Arizona University is an equal opportunity/affirmative action institution and does not discriminate on the basis of race, color, religion, national origin, age, handicap, or veteran status in its programs and activities. Interested students are welcome to apply. Northern Arizona University complies with Title IX of the Educational Amendments of 1972.

# ARIZONA RESIDENCY VERIFICATION

DO NOT WRITE IN THIS SPACE

CLASSIFICATION  Resident  Nonresident

By: \_\_\_\_\_ Date: \_\_\_\_\_

Failure to answer any questions in this section will result in being classified nonresident. (Put n/a if not applicable). All applicants must complete this section. Your residency classification is your status as of the date of application.

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
 Month Day Year

Date present stay in Arizona began: \_\_\_\_\_  
 (You must physically reside in Arizona for at least twelve (12) consecutive months in order to be considered for residency. If you are military or the dependent of military stationed outside of Arizona, attach a copy of DD2058 indicating state of legal residence.)

If you are Navajo, Zuni or Quechen, do you currently reside on the reservation?  Yes  No

Have you lived or worked outside of Arizona during the last twelve (12) months?  No  Yes

Dates: \_\_\_\_\_ Reasons: \_\_\_\_\_

Are you, your spouse, or a parent (if a dependent) on active military duty in Arizona or a member of the Arizona National Guard or U.S. Reserve Forces?  Yes  No

Voter Registration: City: \_\_\_\_\_ State: \_\_\_\_\_ Date Registered: \_\_\_\_\_

Driver's License: State: \_\_\_\_\_ Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

If no driver's license, do you have an Arizona I.D.?  Yes  No Date Issued: \_\_\_\_\_

Do you own a motor vehicle?  Yes  No State Registered: \_\_\_\_\_ License: \_\_\_\_\_ Reg. Date: \_\_\_\_\_

What are your present sources of income? (Indicate approximate percentage for each source; e.g., parents 50%, financial aid 50%.)

Employment \_\_\_\_\_% Spouse \_\_\_\_\_% Financial Aid \_\_\_\_\_% Parent \_\_\_\_\_% Other \_\_\_\_\_%

Check years for which you have filed an Arizona income tax return:  2007  2008  2009  2010  2011

**EMPLOYMENT HISTORY FOR THE PAST TWO YEARS (LIST MOST RECENT EMPLOYER FIRST)**

NAME OF EMPLOYER	PLACE OF EMPLOYMENT (City, State)	INCLUSIVE DATES From (mo. & yr.) To (mo. & yr.)
		to
		to
		to

Are you eligible to be claimed as a tax exemption by your parents?  Yes  No

If you are under twenty-four (24) years of age, or are financially dependent on your parents, complete the information below.

Name of parent or legal guardian: \_\_\_\_\_

City, state, and ZIP Code: \_\_\_\_\_ Home telephone: \_\_\_\_\_

Business name and address: \_\_\_\_\_

Position and Title: \_\_\_\_\_

I CERTIFY THAT THE INFORMATION PROVIDED ON THIS VERIFICATION FORM IS ACCURATE.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_