



Office of Graduate Admissions

Dear Applicant:

Thank you for your interest in continuing your academic pursuits at the Bowie State University School of Graduate Studies. The School of Graduate Studies offers many opportunities for your professional growth as you strive to accomplish your career goals. The mission of the School of Graduate Studies is to serve the community, state, and nation by providing high-quality graduate programs, which fit into your schedule and are reasonably priced. We offer evening and weekend courses that are easily accessible with both on-campus and off-campus locations.

If you are interested in pursuing a graduate degree at Bowie State University on the main campus, or at one of our off-campus locations, you must complete an application for admission to the program of your choice. Additional information on programs and services may be obtained from the Office of Graduate Admissions. Applications may either be submitted in paper form, or on-line at our website, www.bowiestate.edu. Mail all application material to:

**Office of Graduate Admissions
Bowie State University
14000 Jericho Park Road
Bowie, Maryland 20715**

All graduate admission applications must be **completed** by the following deadline dates:

**Fall SemesterAugust 17th
Spring SemesterNovember 1st
Summer SessionApril 1st**

For your graduate application to be complete, you must do the following:

- **Complete this application**
- **Pay a \$40.00 application fee**
- **Request official transcripts from all colleges or universities that you have attended, be sent directly to Bowie State University by the above deadline dates, including the official undergraduate transcript from the institution that will confirm the completion of your bachelor's degree**
- **Submit any additional information that may be required by your specific program.** Please review page two (2) of this application to determine if additional information must be submitted.

If you have any questions concerning the admissions process, feel free to contact the Office of Graduate Admissions at (301) 860-3448 or 3415. We look forward to welcoming you to Bowie State University.

Bowie State University shall not discriminate against any individual on the basis of race, color, religion, age, ancestry or national origin, gender sexual preference, physical or mental disability, marital status, or veteran status. All policies, programs, and activities of Bowie State University are and shall be in conformity with all pertinent federal and state laws on nondiscrimination. For information, contact the EEO Officer at 301-860-3442. An Equal Opportunity Employer. Campus security information can be received by contacting the Bowie State University Office of Public Safety at (301) 860-4050.

Graduate Programs Requiring Additional Documentation

These requirements are subject to change without notice.

Counseling Psychology, Guidance and Counseling and Mental Health Counseling <ul style="list-style-type: none"> ▪ Self statement ▪ Three recommendations using the recommendation form that is provided by the program
School Administration and Supervision <ul style="list-style-type: none"> ▪ Copy of a professional standard or advanced teaching certificate ▪ Proof of three years of teaching experience ▪ Letter of recommendation from your current supervisor
Elementary, Reading, & Secondary Education <ul style="list-style-type: none"> ▪ Copy of a professional standard or advanced teaching certificate
Special Education <ul style="list-style-type: none"> ▪ Three letters of recommendation ▪ Typed two to three page essay on your philosophy of teaching diverse learners
School Psychology <ul style="list-style-type: none"> ▪ A typed two to three (2-3) page statement of interest describing applicant's background, experience, and goals ▪ Three recommendations using the recommendation form that is provided by the program
Nursing <ul style="list-style-type: none"> ▪ Applicants should contact the Nursing department for additional admission requirements at (301) 860-3202
Master of Business Administration (MBA) <ul style="list-style-type: none"> ▪ GMAT (Graduate Management Admission Test)

Graduate Program Contact Information

Program	Contact Person	Phone
Applied and Computational Mathematics	Dr. Roman Sznajder	301-860-3360
Business Administration (MBA) with concentrations in: Accounting, Finance, Management, Marketing Management and General	Dr. Falih Alsaaty	301-860-3624
Computer Science	Dr. Joan Langdon	301-860-4036
Guidance & Counseling and Counseling Psychology and Mental Health Counseling	Dr. Frank Norton (Eclectic) Dr. Cubie Bragg (Adlerian)	301-860-3236 301-860-3241
Elementary Education	Dr. Marion Amory	301-860-3129
English	Dr. David Basena	301-860-3678
Human Resource Development	Dr. Marsha Jackson	301-860-3108
Management Information Systems	Dr. Azene Zenebe	301-860-3641
Nursing	Mr. Kenneth Dovale	301-860-3202
Organizational Communications	Dr. Ritchard M'Bayo	301-860-3702
Public Administration (MPA) with concentrations in: Public Policy and Management, Human Resources, and General	Dr. James Caillier	301-860-3637
Reading Education	Dr. Lucille Strain	301-860-3139
School Administration and Supervision	Dr. Christopher Sny	301-860-3246
School Psychology	Dr. Kimberly Daniel	301-860-3262
Secondary Education	Dr. Bruce Crim	301-860-3127
Special Education	Dr. Thelon Byrd	301-860-3137
Master of Arts in Teaching	Dr. Constance Brooks	301-860-3133

Print last name here _____

BOWIE STATE UNIVERSITY
Office of Admissions – Graduate Application

PERSONAL DATA

PERSONAL DATA											
SOCIAL SECURITY NUMBER			APPLICANT'S LAST NAME				FIRST AND MIDDLE			MAIDEN NAME	
MO DAY YR			SEX		SEMESTER PLANNING TO ENTER						
DATE OF BIRTH		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		Attending		Fall 200		Spring 200		Summer 200	
ETHNIC GROUP (NOT A CRITERION FOR ADMISSION BUT REQUESTED FOR FEDERAL REPORTING)											
1. <input type="checkbox"/> BLACK (NON HISPANIC ORIGIN)			3. <input type="checkbox"/> ASIAN (OR PACIFIC ISLANDER)			5. <input type="checkbox"/> WHITE (NON HISPANIC ORIGIN)					
2. <input type="checkbox"/> AMERICAN INDIAN			4. <input type="checkbox"/> HISPANIC			6. <input type="checkbox"/> OTHER					
CITIZENSHIP				VET. STATUS		VET./DEP. BENEFITS					
<input type="checkbox"/> U.S. CITIZEN		<input type="checkbox"/> PERMANENT RESIDENT #		<input type="checkbox"/> VET		<input type="checkbox"/> VOCATIONAL REHAB			<input type="checkbox"/> SPOUSE/ DEPENDENT		
<input type="checkbox"/> NON U.S. CITIZEN		<input type="checkbox"/> OTHER _____		<input type="checkbox"/> NON-VET		<input type="checkbox"/> G. I. BILL			<input type="checkbox"/> NONE		
TYPE OF VISA				COUNTRY OF CITIZENSHIP				CURRENTLY IN U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PRESENT MAILING ADDRESS											
NO. & STREET						CITY					
STATE	ZIP CODE	COUNTY	COUNTRY	WORK (AREA CODE & NO.)			HOME (AREA CODE & NO.)				
EMAIL ADDRESS											
PERSON TO NOTIFY IN CASE OF EMERGENCY											
NAME						RELATIONSHIP					
ADDRESS OF PERSON TO NOTIFY IN CASE OF EMERGENCY (IF SAME AS APPLICANT, WRITE "SAME" AND RESUME AT GRADUATE PROGRAMS)											
NO. & STREET						CITY					
STATE	ZIP CODE	COUNTY	COUNTRY	WORK (AREA CODE & NO.)			HOME (AREA CODE & NO.)				
GRADUATE PROGRAMS											
Master of Business Administration <input type="radio"/> Accounting <input type="radio"/> Finance <input type="radio"/> Management <input type="radio"/> Marketing <input type="radio"/> General Master of Public Administration <input type="radio"/> Public Policy and Management <input type="radio"/> Human Resource <input type="radio"/> General Master of Arts Programs <input type="checkbox"/> Counseling Psychology* <input type="radio"/> Adlerian <input type="radio"/> Eclectic <input type="checkbox"/> English <input type="checkbox"/> Human Resource Development <input type="checkbox"/> Master of Arts in Teaching <input type="checkbox"/> Mental Health Counseling* <input type="radio"/> Adlerian <input type="radio"/> Eclectic <input type="checkbox"/> Organizational Communications <input type="checkbox"/> School Psychology						Master of Education Programs <input type="checkbox"/> Elementary Education <input type="checkbox"/> Guidance and Counseling* <input type="radio"/> Adlerian <input type="radio"/> Eclectic <input type="checkbox"/> Reading Education <input type="checkbox"/> School Administration and Supervision <input type="checkbox"/> Secondary Education <input type="checkbox"/> Special Education Master of Science Programs <input type="checkbox"/> Applied and Computational Mathematics <input type="checkbox"/> Computer Science <input type="checkbox"/> Management Information Systems <input type="checkbox"/> Nursing *Requires Supplemental Application Form					
CERTIFICATES: <input type="checkbox"/> Applied and Computational Mathematics <input type="checkbox"/> Computer Science <input type="checkbox"/> Family Counseling <input type="checkbox"/> Human Services <input type="checkbox"/> Information Systems Analyst <input type="checkbox"/> Management <input type="checkbox"/> Organizational Communications Specialist <input type="checkbox"/> Psychotherapy											
LIST ALL COLLEGIATE INSTITUTIONS ATTENDED. IF MORE SPACE IS REQUIRED, USE AN ADDITIONAL PIECE OF PAPER											
UNDERGRADUATE COLLEGE OR UNIVERSITY				STATE	FROM	TO	DEGREE	DATE REC'D			
GRADUATE COLLEGE OR UNIVERSITY				STATE	FROM	TO	DEGREE	DATE REC'D			

I understand that withholding information requested in this application, or giving false information, will make me ineligible for admission to/or continuation at Bowie State University. With this in mind, I certify that the information on this application is complete and accurate.

Signature of Applicant Date

FOR OFFICE USE ONLY	
TYPE	
___ In-State	___ Admitted ___ General
___ Out-Of-State	___ Denied ___ Conditional
DATE _____	

Graduate Application materials will only be retained for one year for those persons who do not enroll at the University.

Please complete both sides of this application.

RESIDENCY INFORMATION: NAME: _____ SSN: _____

Do you wish to be considered for in-state tuition status? Yes No (If yes, you must complete this section of the application.)

IF ANY OF THE CATEGORIES BELOW APPLY, PLEASE CHECK THE APPROPRIATE BOX, PROVIDE REQUESTED INFORMATION AND/OR DOCUMENT, AND GO TO ITEM 10.

- I am a part-time (50%) or full-time regular employee of the University System of Maryland or, I am the spouse of, or am financially dependent upon a parent or legal guardian who is, a regular employee of the University System of Maryland.**
Please indicate relationship: _____
Please attach a letter of verification from the Human Resources Office of the campus at which you or your spouse or parent or legal guardian is employed.
- I am a full-time active member of the U.S. Armed Forces whose home of residency is Maryland or one who resides or is stationed in Maryland, or the spouse or a financially dependent child of such a person.** Please attach a copy of your deed or lease (if applicable), or verification from the service that you have declared Maryland as your "home of residency" (if applicable); and the most recent assignment orders. Also, please indicate date of expected separation from the military _____
- I am a veteran of the United States Armed Forces who received an honorable discharge within the past 12 months and received my high school education in Maryland.** Please attach a copy of form DD-214 and documentation of enrolment in a Maryland high school for a minimum of three years, and, graduation from a Maryland high school or receipt of a GED diploma in Maryland.

If none of the above is checked, applicants seeking in-state status must complete the following questions. Failure to complete all of the required items may result in a non-Maryland resident classification and out-of-state charges being applied. Residency classification information is evaluated in accordance with the University System of Maryland policy on residency. The applicant may be contacted for clarification of an item, or for additional information as necessary.

PLEASE CHECK ONE:

- I am financially independent.** I have earned taxable income and I have not been claimed as a dependent on another person's most recent income tax returns.
- I am financially dependent** on another person who has claimed me as a dependent on his/her most recent income tax returns, or I am a ward of the State of Maryland. If a ward of the State, please submit documentation and go to item 10.
Name of person upon whom dependent and relationship to applicant: _____
- a. How long have you been dependent upon this person? _____
- b. Is the person a resident of Maryland? Yes No
- c. Address of this person: _____
- d. Is this person a citizen of the United States? Yes No
 - i. If no, type of visa: _____
 - ii. Expiration date of visa: _____
 - iii. Alien Registration No.: _____
 - iv. Date of Issuance: _____
- e. Has this person filed a Maryland state income tax return for the most recent year on all earned income including income earned outside of Maryland? Yes No
If yes, list actual years Maryland income tax returns have been filed within the past 3 years.
 - i. Years filed: 20__ State__ 20__ State__ 20__ State__
 - ii. If a Maryland tax return has not been filed within the last 12 months, state reason(s): _____
- f. Signature of this person: _____

The Student Applicant is responsible for completing items 1 - 10.

- 1. Permanent address:** _____
Length of time at permanent address ____ years ____ months
If less than 12 months, provide previous address: _____
Length of time at previous address ____ years ____ months
- 2. Are you residing in Maryland primarily to attend an educational institution?** Yes No
- 3. Are all, or substantially all of your possessions in Maryland?** Yes No
- 4. Do you possess a valid driver's license?** Yes No
 - a. If yes, initial date of issue _____
 - b. In what state? _____
 - c. Most recent date of issue _____
 - d. In what state? _____
- 5. Do you own any motor vehicles?** Yes No
 - a. If yes, initial date of registration? _____
 - b. In what state? _____
 - b. Most recent date of registration _____
 - d. In what state? _____
- 6. Are you registered to vote?** Yes No
 - a. If yes, in what state? _____
 - b. Date of registration: _____
 - c. Were you previously registered to vote in another state? _____
- 7. Have you filed a Maryland state income tax return for the most recent year? If yes, list years you have filed Maryland income tax returns within the past 3 years.** Yes No
 - a. Years filed: 20__ State__ 20__ State__ 20__ State__
 - b. If you did not file a tax return in Maryland within the last 12 months, state reason(s): _____
- 8. Is Maryland state income tax currently being withheld from your pay? If no, provide explanation.** Yes No

- 9. Do you receive any public assistance from a state or local agency other than one in Maryland?** Yes No
 - a. If yes, please explain _____

I certify that the information provided is complete and correct. I understand that the University reserves the right to request additional information if necessary. In the event the University discovers that false or misleading information has been provided, the Student Applicant may be billed by the University retroactively to recover the difference between in-state and out-of-state tuition for the current and subsequent semesters.

10. _____
Signature of Applicant Date