

# Application for Admission New York University **Gallatin School of Individualized Study**

## 1. DATE OF ENTRY

FALL \_\_\_\_\_ YEAR  
 SPRING \_\_\_\_\_ YEAR  
 SUMMER \_\_\_\_\_ YEAR

## 2. AREA OF CONCENTRATION

Briefly describe your proposed area(s) of concentration.

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## 3. PERSONAL INFORMATION

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LEGAL NAME: LAST (FAMILY) NAME FIRST NAME MIDDLE INITIAL

Other names that may appear on credentials: \_\_\_\_\_ Sex  M  F

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SOCIAL SECURITY NUMBER DATE OF BIRTH (MONTH/DAY/YEAR)

### MAILING ADDRESS

Please note that all mail will be sent to your mailing address only. Be sure to advise our office if your mailing address changes. In some cases, financial aid awards may be sent to the permanent address. For those applicants who are not U.S. citizens or permanent residents, your permanent address will also serve as your foreign address. You are mandated by U.S. law to have a foreign address to receive your student visa.

Until \_\_\_\_\_  
MONTH/DAY/YEAR

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NUMBER AND STREET

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CITY STATE OR COUNTRY ZIP CODE/POSTAL CODE

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( ) ( )

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HOME TELEPHONE BUSINESS TELEPHONE OR MOBILE TELEPHONE E-MAIL

### PERMANENT ADDRESS (If different from mailing address)

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NUMBER AND STREET ( ) TELEPHONE

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CITY STATE OR COUNTRY ZIP CODE/POSTAL CODE

## 4. FILING STATUS

A. What is your intended enrollment status?  PART-TIME  FULL-TIME

B. Do you wish to receive an application for on-campus housing?  YES  NO

C. Do you wish to be considered for financial assistance?  YES  NO

D. Are you applying for the NYU Reynolds Fellowship in Social Entrepreneurship?  
(Please note: A separate application is required for the Reynolds Fellowship. Visit [www.nyu.edu/reynolds](http://www.nyu.edu/reynolds) for details and application.)  YES  NO

### E. Tuition Remission

Will your current employer support your tuition for this program of study?  YES  NO

Are you a current employee of New York University?  YES  NO

If "Yes," are you eligible for tuition remission?  YES  NO

F. Have you previously applied to the Gallatin School of Individualized Study for graduate study?  YES  NO

If "Yes," please check one:  ACCEPTED  INCOMPLETE APPLICATION  REJECTED

## ETHNICITY (OPTIONAL)

- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN INDIAN
- BLACK/AFRICAN AMERICAN
- CHICANO/A
- CHINESE
- HISPANIC/LATINO/A
- JAPANESE
- KOREAN
- OTHER ASIAN/PACIFIC ISLANDER
- PUERTO RICAN
- WHITE (NON-HISPANIC)
- OTHER (SPECIFY) \_\_\_\_\_
- BIRACIAL/MULTIRACIAL (SPECIFY) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

## 5. CITIZENSHIP

- U.S.A.
- PERMANENT RESIDENT
- OTHER

If "Other," please specify country of citizenship: \_\_\_\_\_

Visa type, if any: \_\_\_\_\_ Visa sponsor: \_\_\_\_\_

Is English your native language?  YES  NO

If "No," please indicate your primary language: \_\_\_\_\_

**6. EDUCATION** Please request that official transcripts be sent from all colleges and universities attended. Transcripts should be sent directly to the Office of Graduate Admissions, Gallatin School of Individualized Study, New York University, 715 Broadway, New York, NY 10003-6806.

**Note:** Applicants who have attended New York University should request the Office of the University Registrar to forward all transcripts to the Office of Graduate Admissions of the Gallatin School. This will expedite the admissions process. If you have attended NYU, please list the specific college you attended when completing the information below.

### UNDERGRADUATE

INSTITUTION	LOCATION (CITY/STATE OR COUNTRY)	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	MAJOR	DEGREE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### GRADUATE

INSTITUTION	LOCATION (CITY/STATE OR COUNTRY)	FROM (MONTH/YEAR)	TO (MONTH/YEAR)	MAJOR	DEGREE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

# Application for Admission

7. **REFERENCES** Please list the two people who know your qualifications, interests, and promise for graduate study and whom you are asking to complete and return the Confidential Letter of Recommendation forms enclosed with this application.

\_\_\_\_\_  
FULL NAME AND POSITION

\_\_\_\_\_  
FULL NAME AND POSITION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

8. **HONORS AND ACHIEVEMENTS** Please list any academic or professional honors received or any significant achievements accomplished, including fellowships, prizes, awards, honorary societies, publications, inventions, or other creative work.

\_\_\_\_\_  
HONOR OR ACHIEVEMENT

\_\_\_\_\_  
DATE RECEIVED/ACCOMPLISHED

9. **PROFESSIONAL EXPERIENCE** Please complete the following section or attach your résumé.

\_\_\_\_\_  
INSTITUTION

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
FROM (MONTH/YEAR)

\_\_\_\_\_  
TO (MONTH/YEAR)

\_\_\_\_\_  
POSITION

10. **OPTIONAL INFORMATION** Please list other graduate schools to which you are applying.

11. **SIGNATURE** I certify that I have read and understood all instructions accompanying this application and have answered all questions truthfully to the best of my knowledge. I understand that any misrepresentation or omission may be cause for denying admission or permission to register at any time. I understand that this application and all materials received in support of it

become the property of New York University and will not be duplicated or returned to me for any reason. Furthermore, I understand that New York University reserves the right to deny admission or permission to register or require the withdrawal of any student at any time for any reason it considers sufficient, including scholarship, character, and personal conduct.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (MONTH/DAY/YEAR)