

**Higher Education Administration
The University of Alabama
APPLICATION FOR ADMISSION**
Box 870302, Tuscaloosa, Alabama 35487
(205) 348-6060

I. Personal Information

Full Name:					
Mailing Address:			City:	State:	Zip:
Cell Phone:		Home Phone:		Work Phone:	
Email Address:			Campus Wide Identification Number:		

II. Degree Information

Please indicate the desired degree program:

M.A.	<input type="checkbox"/>	Ed.D.	<input type="checkbox"/>
Ph.D.	<input type="checkbox"/>	Ed.D. Executive Cohort	<input type="checkbox"/>

Full-time Enrollment				Part-time enrollment:			
Are you applying for a full-time Graduate Assistantship?		Yes		No			
Areas of research interest:							
Preferred faculty advisor:							
How did you hear about the program?	program mailing	<input type="checkbox"/>	web search/site	<input type="checkbox"/>	professional organization	<input type="checkbox"/>	Other
	personal referral	<input type="checkbox"/>	advertisement	<input type="checkbox"/>	graduate school fair	<input type="checkbox"/>	