



**Graduate College**  
 200 Prospect Street  
 Zimbar-Liljenstein, Rm 154  
 East Stroudsburg, PA 18301-2999  
 (570) 422-3536  
 Email: [grad@po-box.esu.edu](mailto:grad@po-box.esu.edu)

**SPECIAL STATUS APPLICATION**

***Please Note:** Students must apply to a program before the completion of 12 credit hours. Courses completed as a Special Status student will not automatically be applicable toward a degree or certification program.*

**\* Students must provide an undergraduate transcript indicating the degree conferral date**

(Please print)

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*Last Name                                      First Name                                      Middle                                      Former Name*

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*Mailing Address                                      City                                      State                                      Zip Code                                      County                                      Home Phone*

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*Other Phone                                      Gender                                      Date of Birth                                      Email Address*

Please list all institution(s) of higher education you have attended					
<i>Institution</i>	<i>City/State</i>	<i>Dates Attended</i>	<i>Major/Minor</i>	<i>Degree/Certification Obtained</i>	<i>Date of Graduation</i>

Do you meet Pennsylvania residency requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you obtain your undergraduate degree from ESU? <input type="checkbox"/> Yes <input type="checkbox"/> No	Semester and year you intend to enroll: <input type="checkbox"/> Fall (August) _____ Year <input type="checkbox"/> Spring (January) <input type="checkbox"/> Summer Session
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<b>Veteran Status:</b> <input type="checkbox"/> Veteran <input type="checkbox"/> Non-veteran	<b>Ethnic Background:</b> <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African/American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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<b>IN CASE OF EMERGENCY PLEASE NOTIFY:</b>			
<input type="checkbox"/> Parent <input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify) _____	<i>Last</i>	<i>First</i>	<i>MI</i>
<i>Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>(Area Code)</i>	<i>Phone Number</i>		

I certify that these statements are true and correct to the best of my knowledge.

*Signature* *Date*

**NOTICE OF NON-DISCRIMINATION:** East Stroudsburg University of Pennsylvania does not discriminate on the basis of race, color, religion, national origin, sex, veteran status, disability or age in its programs and activities in accordance with state and federal laws. The following person has been designated to handle inquiries regarding this policy - Director of Diversity/Ombudsperson, 200 Prospect Street, 115 Reibman Building, East Stroudsburg, PA 18301, (570-422-3656)