

Please check the appropriate box if you would like information on the following:

- Veterans' Services On-campus Housing/Graduate Students
 Financial Aid Other (please specify) _____

SECTION C—ACADEMIC HISTORY

If appropriate to the program to which you are applying, please indicate which examinations you have taken or plan to take in the future:

- GRE Date _____ V _____ % M _____ % A _____ %
 GMAT Date _____ V _____ % M _____ % T _____ %
 MAT Date _____ T _____
 TOEFL* Date _____ T _____

*See international graduate brochure for TOEFL requirement.

OFFICE USE ONLY									
<input type="checkbox"/>	<input type="checkbox"/>								
SOURCE	PC								
DATE RECEIVED		M	M	D	D	Y	Y	Y	Y
GRE	Y/E	S/P	GREV		GREM		GREA		
GMAT	Y/E	S/P	GT		GM	GV	AW		
MAT	Y/E	S/P	MATT						
TOEFL	Y/E	S/P	TOEFLT						

Please list chronologically all schools attended since graduating from high school, including present institution, regardless of length of attendance.

Include attendance at any of the University of Houston System campuses.

COLLEGE OR INSTITUTION LOCATION (CITY AND STATE)	DATES ATTENDED		Did you earn a degree?	If so, What type?	No. hours earned	MAJOR
	FROM (MO./YR.)	TO (MO./YR.)				
A. COLLEGE/UNIVERSITY CITY/STATE	DOC	INST	Y/E	START	END	DEG TYPE GRAD DATE
B. COLLEGE/UNIVERSITY CITY/STATE	DOC	INST	Y/E	START	END	DEG TYPE GRAD DATE
C. COLLEGE/UNIVERSITY CITY/STATE	DOC	INST	Y/E	START	END	DEG TYPE GRAD DATE
D. COLLEGE/UNIVERSITY CITY/STATE	DOC	INST	Y/E	START	END	DEG TYPE GRAD DATE

For Office Use Only:

- Miscellaneous DOC Y/E Miscellaneous DOC Y/E Department Fee DOC Y/E

References: Please list the names and addresses of at least three persons, preferably professors or professionals, under whom you have studied.

NAME	ADDRESS	PHONE NUMBER	POSITION

Please list any professional or academic awards you have received (publications, awards, prizes, or fellowships). You may also list any work experience that may be relevant to your chosen field of study. (Use a separate sheet of paper if necessary.)

1. Academic Standing Please check where appropriate.
 Have you ever been on probation? Yes No Suspended Yes No

If yes, indicate the institution name(s): _____

Date(s) of action: _____

Reason(s) for action: _____

2. Are you eligible to return to each of the institutions above? Yes No

If no, please list institution(s) and explain situation. _____