



DARTMOUTH
GRADUATE STUDIES
 1 8 8 5

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GRADUATE SPECIAL STUDENT APPLICATION

DATE: _____

Name: _____ SS # _____

Current _____ Permanent _____

Address _____ Address _____

Telephone _____ Telephone _____

In case of emergency, notify: _____

Address: _____

- **Academic history.** List the schools you have attended, starting with the most recent.

School	City	Major	Degree	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Number (if graduate of Dartmouth) _____

- **Current Employment** _____ Hire Date: _____

Description of Job _____ Tel. Ext: _____

DARTMOUTH EMPLOYEE #: _____ HB: _____ EXEMPT: NON-EXEMPT:

- **References:** List three people who could be contacted for letters of recommendation.

1 2 3

Personal data.

Date of birth _____
(mo.) (day) (yr)

Place of birth _____

Citizenship _____

Visa type _____

Married Single

• **(Optional questions)** Sex: Female Male

U.S. citizens: Please indicate minority status if applicable:

Hispanic or Latino? Yes No

___ American Indian or Alaskan Native

___ Asian (including Indian Subcontinent and Philippines)

___ Black or African American (including Africa and Caribbean)

___ Native Hawaiian or Other Pacific Islander (Original Peoples)

___ White (including Middle Eastern)

PURPOSE OF ENROLLING AS A GRADUATE SPECIAL STUDENT:

- Teacher Certificate Program
- Satisfaction of Pre-medical requirements
- Other (describe)

Permission of Supervisor (if required):

Supervisor

Signature of Student