



18. **Identification of Evaluators Providing References** (if required)

NAME	TITLE	AFFILIATION	TELEPHONE	E-MAIL

19. **Work Experience** (Include teaching, industrial, business, or other professional experience. Resume is optional.)

COMPANY	POSITION	DATES OF EMPLOYMENT (month/year – month/year)	LOCATION	TELEPHONE

20. **Activities in Professional, Community, and Collegiate Organizations**

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21. **Publications, Theses, Awards, and Creative Work**

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22. **Statement of Professional Plans and Goals** (Required of ALL Applicants) : On a separate sheet of 8½” x 11” paper, indicate your special interests within the discipline. Please note that the quality of your statement may be critically important for successful admission and a financial aid award.

23. **Statement of Exceptional Circumstances** (Optional) : On a separate sheet of 8½” x 11” paper, present any personal information that may assist the admissions committee in interpreting and evaluating your academic history and/or your academic credentials.

**Temple University reserves the right to request documentation in support of your claim of residency.**

24. **Statement of Residence** (Required of ALL Applicants)

Country of Citizenship \_\_\_\_\_ Native Language \_\_\_\_\_

U.S. Permanent Resident?  Yes  No Type of U.S. Visa (if alien):  F1  J1  Other \_\_\_\_\_

U.S. State of Legal Residence \_\_\_\_\_ County \_\_\_\_\_

If you claim Pennsylvania residency, will you have resided in Pennsylvania for 12 consecutive months preceding entry into Temple?  Yes  No

If you claim Pennsylvania residency, have you been a student at any time during the past 12 months?  Yes  No

If yes, what school, college, or university did you attend and where? \_\_\_\_\_

If currently in military service, are you assigned to active duty at a military installation in Pennsylvania?  Yes  No

If you are related to a military person assigned to active duty in Pennsylvania, indicate whether you are a:  Spouse  Dependent

If you are a veteran and would like to receive information on support services for veterans, please check this box:

I am now, and have been since, \_\_\_\_\_ a legal resident of the state of \_\_\_\_\_ .  
MONTH/YEAR

**ALL APPLICANTS MUST READ AND SIGN THE FOLLOWING STATEMENT:**

I understand that Temple University admissions personnel will have access to my Temple University student record and that withholding requested information or giving false information will make me ineligible for admission to the University and subject to dismissal if admitted. With this in mind, I certify that the above statements are correct and complete and, if admitted, I agree to abide by the published policies, rules, and regulations of Temple University. I further understand that from the time I file my application with the Graduate School, it is my responsibility to know all of the rules, requirements, and exemptions for my intended degree program. In the event that I am not admitted into the degree program for which I hereby apply, I understand that I will not be entitled to any tuition refund for any courses taken while my application was under consideration.

Signature \_\_\_\_\_ Date \_\_\_\_\_