

INTERNATIONAL APPLICATION FOR ADMISSION TO DOCTORAL PROGRAM FOR CURRENTLY ENROLLED K-STATE MASTER'S STUDENTS

This form may be used by students currently completing a master's degree at Kansas State who are applying for a doctoral degree in the **same curriculum**. All materials submitted in conjunction with an application become the property of the University and will not be returned. Materials submitted with the original application to the master's program will be retained in the doctoral file. **PLEASE TYPE OR PRINT CLEARLY.**

1. LIST NAME AS SHOWN ON PASSPORT

LAST: _____ FIRST: _____ MIDDLE: _____

2. WID Number _____ 3. Degree sought: PhD EdD 4. Current Visa Type _____

5. Department or Interdepartmental Program _____ 6. DISTANCE EDUCATION Yes No

7. Permanent International address (cannot be a U.S. address): Local mailing address for reply:

Street _____	Street _____
Street _____	Street _____
City _____ State/Province _____ Postal Code _____	City _____ State/Province _____ Postal Code _____
Country _____	Country _____
Phone _____	Phone _____
Email _____	Fax Number _____

I affirm that I understand that submitting any false information to the University, including but no limited to, false transcripts, test scores or any information contained on this form, or withholding information about my previous academic history will make my application for admission to Kansas State University, as well as any future applications, subject to denial, or may result in dismissal from the University.

Applicant's Signature _____ Date _____

APPLICANT MUST FILL OUT THE AFFIDAVIT OF FINANCIAL SUPPORT FORM at <http://www.k-state.edu/grad/admissions/application-process/international/>

****Applicants applying as distance education do not need to complete the affidavit of financial support form****

THIS SECTION TO BE COMPLETED BY DEPARTMENT PROGRAM

DEPARTMENTAL RECOMMENDATION TO GRADUATE SCHOOL

SEMESTER: Fall Spring Summer Year _____ DEGREE: EdD PhD

ADVISOR ASSIGNED TO STUDENT: _____

If the department is offering an assistantship, please submit a signed assistantship form. The assistantship/scholarship form is available at: <https://www.ksu.edu/grad/deptinfo>. The completed assistantship form must be sent with this form.

Department Group Chairperson or Department Head Signature _____ Date _____ Department or Interdepartmental Program _____

FOR GRADUATE SCHOOL USE ONLY. PLEASE DO NOT WRITE IN THE BOX BELOW.				
WID#	EMPLID#	Citizenship	DOE	SEVIS#
Curriculum			Subcurriculum	
For the Graduate School _____			Date _____	