



**PREVIOUS EDUCATION INFORMATION:** You must list ALL colleges and universities, professional and vocational schools you have attended. Attach an additional sheet if necessary. This should include undergraduate and graduate education.

COLLEGE OR UNIVERSITY — Identify location (Non-U.S. citizens also should list secondary schools)	DATES ATT'D FROM/ TO	DEGREE	DATE REC'D/ EXPECTED	MAJOR FIELD	GPA

**WORK EXPERIENCE:** List full-time and part-time work experience, beginning with your most recent work. Attach additional sheet if necessary.

Name of Employer	City/State	Dates	Position

**FORTHCOMING RECOMMENDATIONS:** List the names of two references who will be providing letters of recommendation. These people should have knowledge of your professional competence and should not be relatives or social acquaintances. Recommenders should respond to questions in the AM<sup>2</sup> admissions instructions (see [www.stkate.edu/montessori](http://www.stkate.edu/montessori)).

Name	Title	Organization/Institution

The following information is optional and is requested for use on federal and state reports as well as institutional research. Supplying this information is not used in determination of one's eligibility for admission, nor will it be used in any type of discriminatory manner.

Ethnic Origin (check one):  African  Asian/Pacific Islander  Hispanic/Latino/Chicano  
 African-American  American Indian/Alaskan Native  White  
 Multi-ethnic background (please specify) \_\_\_\_\_

Religious Preference: \_\_\_\_\_

*You must sign the application. It must be accompanied by the nonrefundable graduate application fee of \$35.*

To the best of my knowledge, the information given above is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission or suspension from the College. By signing this application, I agree to abide by the policies and regulations of the College.

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

The College of St. Catherine admits students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the College.

It is the applicant's responsibility to ensure that her or his application file is completed by the application priority deadline. Applications received after the priority deadline will be reviewed on a space-available basis. No credentials will be returned to the applicant. Meeting minimum requirements does not guarantee admission.

**Submit this application form to:** The College of St. Catherine, Office of Graduate Admission, #4027  
 2004 Randolph Avenue, St. Paul, MN 55105

## Transcript Request

To: OFFICE OF THE REGISTRAR

Date \_\_\_\_\_

College or Graduate School

Address

City, State, Zip

Please send a transcript of my credits to: The College of St. Catherine, Office of Graduate Admission, #4027, 2004 Randolph Avenue, St. Paul, MN 55105.

I am enclosing a check for \$ \_\_\_\_\_ for the transcript fee. Attach this form to the transcript. Thank you.

(Print) Name \_\_\_\_\_  
First Middle (Maiden or Former) Last

Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Dates of Attendance \_\_\_\_\_  
(Used for identification purposes only)

Signature \_\_\_\_\_

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