



# APPLICATION FOR GRADUATE ADMISSION

## Navajo Technical University

Crownpoint (Main Campus)

PO Box 849

Crownpoint, New Mexico 87313

Phone: 505 786 4333

Admission Request For:

Fall 20

Summer 20

Spring 20

ID Number:

A non-refundable application fee of \$50.00 is required. Attached money order-only payable to Navajo Technical University. NO CASH OR CHECK.

### PERSONAL INFORMATION

First Name		Last Name		Middle Name	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Permanent Address		City		State	Zip Code
<input type="text"/>		<input type="text"/>		<input type="text"/>	<input type="text"/>
Email Address				Phone Number	
<input type="text"/>				<input type="text"/>	
Social Security Number		Date of Birth		Gender	
<input type="text"/>		<input type="text"/>		Male Female	
Tribe	Tribal Enrollment #	State Legal Residence	Country of Residence		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Country of Citizen	Country of Birth	City of Birth	Length Of Residence		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Ethnicity (Check Only One)

Hispanic or Latino

African American

Asian, Hawaiian, or Pacific Islander

White

Am Indian, AK Native, Native American, Indigenous

Other

BA/BS Institute	Degree Earned	Date/Year Degree Obtained
<input type="text"/>	<input type="text"/>	<input type="text"/>

### INTERNATIONAL STUDENTS

PERMANENT RESIDENTS should include a photocopy of both sides of the Permanent Resident Card with this application.

NATURALIZED U.S. CITIZENS should provide a copy of the U.S. passport or other proof of citizenship. VISA HOLDERS should include a copy of their VISA and I-94 form, and answer the following:

I have an immigrant visa.

Current Status	Issue Date	Expiration Date	A#
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I currently have a <input type="text"/> VISA.		Issue Date	Expiration Date
		<input type="text"/>	<input type="text"/>

Which tests have you taken?

TOEFL Date

TWE Date

MELAB Date

**EMERGENCY CONTACT**

Name	Phone 1	Phone 2
Name	Phone 1	Phone 2

**SIGNATURE VERIFICATION**

**I certify the information given is complete and accurate. I agree to comply with the regulations of NTU.**

Student Signature

Date