

# SEE COMMUNICATION DIFFERENTLY

## COMBINED BACHELOR'S/MASTER'S PROGRAM

### APPLICATION FOR ADMISSION (Please print clearly.)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. Last Name _____	First _____	Middle _____
Address _____	City _____	State _____ Zip Code _____
Telephone (_____) _____	Email _____	
DePaul ID # _____		
<b>Intended Graduation Term:</b> (bachelor's degree) <input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Winter 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____		
Current Undergraduate Major _____		
Undergraduate Credit Hours (completed) _____		Undergraduate Credit Hours (in-progress) _____
Cumulative GPA (on a 4.0 scale) _____		Approximate Major GPA (on a 4.0 scale) _____
<b>Intended Graduate Program:</b>		<b>Applying for Term:</b> (term following completion of bachelor's degree)
<input type="checkbox"/> MA in digital communication and media arts		<input type="checkbox"/> Fall (Sept.) _____
<input type="checkbox"/> MA in health communication		<input type="checkbox"/> Winter (Jan.) _____
<input type="checkbox"/> MA in journalism		<input type="checkbox"/> Spring (March) _____
<input type="checkbox"/> MA in media and cinema studies		<input type="checkbox"/> Summer (June) _____
<input type="checkbox"/> MA in organizational and multicultural communication		
<input type="checkbox"/> MA in relational communication		
<b>To the Applicant</b>		
Please return this form and all required supplemental materials (as indicated on the program website) to the address below:		
DePaul University The Office of Graduate Admission College of Communication 2400 North Sheffield Avenue Chicago, Illinois 60614-3936		

### CERTIFICATION

By signing this form, I submit that this is my own work and that, to the best of my knowledge, the information given above is true. I understand and agree that this application will be invalid if information is withheld or misinformation is given, and that admission and credit earned through an invalid application may be canceled. I understand that all credentials submitted with this application become the property of DePaul University and will not be returned. I understand and agree that DePaul University reserves the right to verify the information contained in this application by, among other things, contacting other educational institutions. If admitted, I agree to notify DePaul University of any changes in my academic standing prior to enrollment and to comply with all rules and regulations of the university.

\_\_\_\_\_  
Applicant's Signature (Signature required validating application form)

\_\_\_\_\_  
Date

DePaul University does not discriminate on the basis of race, color, national origin, religion, gender, sexual orientation, age or disability in admission, employment or the provision of services.