



DARTMOUTH
Guarini School of Graduate
and Advanced Studies

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Graduate Special Student Application

Date: _____

Name: _____

SS#: _____

Local Address: _____

Permanent Address: _____

Telephone: _____

Telephone: _____

In case of emergency, notify: _____

Address: _____

Academic history. List the schools you have attended, starting with the most recent.

School	City	Major	Degree	Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Student Number (if graduate of Dartmouth): _____

Current Employment: _____

Hire Date: _____

Description of Job: _____

Tel: _____

DARTMOUTH EMPLOYEE #: _____ HB: _____ EXEMPT: _____ NON-EXEMPT: _____

References: List three people who could be contacted for letters of recommendation.

1.: _____

2.: _____

3.: _____

Personal Data.

Date of birth: _____
(mo) (day) (year)

Place of birth: _____

Citizenship: _____

Visa type: _____

Married: _____ Single: _____

Optional Information:

Sex: _____ M _____ F

U.S Citizens:

Hispanic or Latino? Yes _____ No _____

_____ American Indian or Alaskan Native

_____ Asian (including Indian Subcontinent and Philippines)

_____ Black or African American (including Africa and Caribbean)

_____ Native Hawaiian or Other Pacific Islander (Original Peoples)

_____ White (including Middle Eastern)

Purpose of Enrolling as a Graduate Special Student

_____ Teacher Certificate Program

_____ Satisfaction of Pre-medical requirements

_____ Other (please describe)

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Permission of Supervisor (if required):

Supervisor

Signature of Student