

# 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> <input type="checkbox"/> MA in digital communication and media arts <input type="checkbox"/> MA in health communication <input type="checkbox"/> MA in journalism <input type="checkbox"/> MA in media and cinema studies <input type="checkbox"/> MA in organizational and multicultural communication <input type="checkbox"/> MA in relational communication	<b>Applying for Term:</b> (term following completion of bachelor's degree) <input type="checkbox"/> Fall (Sept.) _____ <input type="checkbox"/> Winter (Jan.) _____ <input type="checkbox"/> Spring (March) _____ <input type="checkbox"/> Summer (June) _____
<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.*



The Office of Graduate Admission  
2400 North Sheffield Avenue  
Chicago, Illinois 60614-3936

Telephone: (773) 325-4405  
Outside Illinois: (800) 4DEPAUL  
Email: gradcom@depaul.edu  
Web: communication.depaul.edu