

Students engaged solely in course work are identified as Special Students within the Division of Special Registration (DSR). Admission as a Special Student (SS) is for one term or one year only and carries with it no commitment for further study. Special Students are enrolled in the Graduate School and have all the privileges of a student, including receiving a Yale transcript with coursework and grades listed.

LAST (FAMILY/SURNAME) NAME	FIRST (GIVEN) NAME	DATE OF BIRTH

**COMPLETE & COLLECT
THE FOLLOWING**

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> <input type="radio"/> This cover sheet <input type="radio"/> Application form <input type="radio"/> Personal statement <input type="radio"/> 2 letters of recommendation <input type="radio"/> Documentation of source of Financial Support
(Fellowship, bank statement, grant award letter,
proof of loans, etc.) | <ul style="list-style-type: none"> <input type="radio"/> Official transcripts from all colleges and
universities you have attended <input type="radio"/> Proof of Health Insurance | <ul style="list-style-type: none"> <input type="radio"/> Application fee <input type="radio"/> GRE scores sent to code 3987 <input type="radio"/> TOEFL scores sent to code 3987; required only
for non-native English speakers |
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**MAILING
INSTRUCTIONS**

Mail all of the above items together in one envelope to:

Office of Graduate Admissions
Yale University
PO Box 208323
New Haven CT 06520-8323
USA.

APPLICATION FEE

ATTACH APPLICATION FEE (CHECK OR MONEY ORDER) PAYABLE TO YALE UNIVERSITY.
PLEASE USE A PAPER CLIP— NO TAPE, GLUE OR STAPLES— DO NOT INCLUDE CASH.



Yale University Graduate School of Arts and Sciences
PO Box 208323, New Haven CT 06520-8323

**SPECIAL STUDENT APPLICATION
FOR ADMISSION**



PERSONAL INFORMATION

LAST (FAMILY/SURNAME) NAME	FIRST (GIVEN) NAME	MIDDLE	OTHER LAST NAMES	SUFFIX
<input type="radio"/> MALE <input type="radio"/> FEMALE		DATE OF BIRTH (MM/DD/YYYY)		
<input type="radio"/> U.S. CITIZEN <input type="radio"/> CANADIAN CITIZEN <input type="radio"/> NON U.S. CITIZEN <input type="radio"/> U.S. PERMANENT RESIDENT		ALIEN REGISTRATION NUMBER		
COUNTRY OF CITIZENSHIP	COUNTRY OF BIRTH	CITY OF BIRTH	COUNTRY OF RESIDENCE	

ETHNICITY/RACE

Asian Black or African-American Native Hawaiian or Other Pacific Islander
 White (Non-Hispanic) Hispanic/Latino American Indian or Alaska Native

If you are not a US citizen and currently have a mailing address in the US, you must attach a separate page with your permanent foreign address. Yale University will not be able to process your visa without this information

CONTACT & MAILING INFORMATION

ADDRESS

CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
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EMAIL ADDRESS

PHONE	FAX	CELLULAR/MOBILE PHONE
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PROGRAM OF STUDY/ LETTER OF SUPPORT

PROPOSED DEPARTMENT/PROGRAM OF STUDY

PROPOSED SEMESTER(S) TO BE AT YALE (CHECK BOTH IF APPLYING FOR THE FULL ACADEMIC YEAR) FALL 20 SPRING 20

LIST THE EXACT DATES YOU PLAN ON BEING AT YALE: (MM/DD/YYYY – MM/DD/YYYY) TO

List all colleges/universities attended, with undergraduate or baccalaureate degree (received or expected) granting institution listed first.

CURRENT & PRIOR STUDY

BACHELORS DEGREE GRANTING INSTITUTION	CITY/COUNTRY/STATE	GRAD DATE (MM/DD/YYYY)	DEGREE	MAJOR	GPA (4.0 SCALE)
PRIOR INSTITUTION 2	CITY/COUNTRY/STATE	GRAD DATE (MM/DD/YYYY)	DEGREE	MAJOR	GPA (4.0 SCALE)
PRIOR INSTITUTION 3	CITY/COUNTRY/STATE	GRAD DATE (MM/DD/YYYY)	DEGREE	MAJOR	GPA (4.0 SCALE)

GRADUATE SCHOOL USE

DEPARTMENT RECOMMENDATION		GRADUATE SCHOOL ACTION		ADMISSIONS OFFICE	
<input type="radio"/> ADMIT	APPROVAL OF FACULTY ADVISOR (INIT) DATE	<input type="radio"/> ADMIT	APPROVAL OF DEAN (INIT) DATE	<input type="radio"/> FEE	DATE INIT AMT
<input type="radio"/> REJECT	NAME DATE	<input type="radio"/> REJECT	APPROVAL OF DEAN (INIT) DATE	<input type="radio"/> DEO	DATE INIT

LANGUAGES

NATIVE LANGUAGE

Prior to matriculation at Yale, will you have received a degree from an institution where English is the primary language of instruction? YES NO

LANGUAGE 2 YEARS OF STUDY OTHER TRAINING

Can you read the literature of your field in this language? YES NO

LANGUAGE 3 YEARS OF STUDY OTHER TRAINING

Can you read the literature of your field in this language? YES NO**STANDARDIZED TESTS** / % / % / %

GRE GENERAL TEST DATE VERBAL QUANTITATIVE ANALYTICAL WRITING

TOEFL (PBT) TEST DATE (MM/DD/YYYY) LISTENING STRUCTURE/WRITING READING ESSAY/TWE TOTAL

TOEFL (IBT) TEST DATE (MM/DD/YYYY) LISTENING STRUCTURE/WRITING READING ESSAY/TWE TOTAL

OTHER

SOURCES OF FINANCIAL SUPPORT

You must submit documentation indicating the source of your financial support for the duration of your studies at Yale (Fellowship, personal sources, a statement from your bank, loan information, a letter from a Yale faculty member, etc.).

	Your estimated cost based on the length of time you will be at Yale.	Source of your funds (Fellowships, savings, family, etc.)
LIVING EXPENSES (ESTIMATED AT \$2,210/MONTH)	<input type="text"/>	<input type="text"/>

FALL/SPRING TERM TUITION (ESTIMATED AT \$4,313/COURSE)	<input type="text"/>
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ARE THERE OFFICIAL RESTRICTIONS ON TRANSFERS OF FUNDS FOR STUDY IN THE US? YES NO

MARITAL STATUS IF MARRIED, NAME OF SPOUSE NUMBER OF DEPENDENT CHILDREN

NUMBER AND NAMES OF FAMILY MEMBERS WHO WILL ACCOMPANY YOU TO YALE

You must attach documentation demonstrating you have sufficient coverage. You have the option to purchase health insurance through Yale University Health Services.

HEALTH INSURANCE

HEALTH INSURANCE PROVIDER

Please visit http://www.yale.edu/yhp/med_services/student_premiums.html for current premiums and rate information from the Yale University Health Services.**OTHER INFORMATION**HAVE YOU PREVIOUSLY APPLIED TO THE YALE GRADUATE SCHOOL OF ARTS AND SCIENCES? WHAT YEAR? HAVE YOU PREVIOUSLY ENROLLED IN THE YALE GRADUATE SCHOOL OF ARTS AND SCIENCES? WHAT DATES?

PLEASE GIVE THE NAMES OF MEMBERS OF THE YALE FACULTY WITH WHOM YOU HAVE COMMUNICATED CONCERNING YOUR APPLICATION

PERSONAL STATEMENT

On a separate sheet of paper, compose a 500 – 1000 word statement concerning your past work, preparation for intended studies and relevant background. Please also list the courses (be as specific as possible) that you plan to enroll in while at Yale. If, in addition to taking courses, you plan on conducting research, please describe your research project and the name(s) of the Yale faculty member(s) you will be working with.

EMPLOYEEARE YOU A YALE EMPLOYEE YES NO

I certify that the information given by me on this application and supporting documents is complete and accurate, and I understand that any misrepresentation may be cause for refusing admission to or for dismissal from the Yale Graduate School.

SIGNATURE

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE

DATE (MM/DD/YYYY)