SAUNNA NRT Application Form

Contact and Personal Information	
Name:	
Mailing Address:	
Telephone Number:	
E-mail:	
Please Confirm that you are a U.S. Citizen or Perman	ent Resident:
U.S. State in which you are a legal resident:	
Place of Birth:	
Date of Birth:	
Ethnic/Racial Background	
Note: Universities are asked by the federal government among others, to describe the racial/ethnic backgrouplease consider responding to the following question	unds of our students. To fulfill these requests,
(Optional) Do you consider yourself to be Hispanic/La	atino (Yes/No):
(Optional) Please select one or more of the following	racial categories to describe yourself:
American Indian or Alaska Native	Asian
Black or African American	Native Hawaiian or Other Pacific Islander
White	
Academic Information	
Proposed Department of Study:	
Major area of interest:	
Name of Prospective SALINNA NRT Advisor	

Please complete the following table describing your educational background:

Name of College or	Location	Dates	Major	Name of Degree on	Date
University		Attended		Diploma	Received or
					Expected

If possible, please indicate your cumulative undergraduate GPA on a 4-point scale (A=4.0):								
If possible, please indicate your cumulative graduate GPA on a 4-point scale (A=4.0):								
Names and email addresses of three reference letter providers:								