



## Graduate College

200 Prospect Street  
 Zimbar-Liljenstein, Rm 154  
 East Stroudsburg, PA 18301-2999  
 (570) 422-3536 Email: [grad@po-box.esu.edu](mailto:grad@po-box.esu.edu)

\* Students must provide an undergraduate transcript indicating the degree conferral date

## SPECIAL STATUS APPLICATION

Use this application if:

- 1) You have never taken an ESU course before.
- 2) You have not taken an ESU course since Summer 2011.
- 3) You completed a degree at ESU and wish to continue with coursework.

**Please Note:** Students must apply to a program before the completion of 12 credit hours. Courses completed as a Special Status student will not automatically be applicable toward a degree or certification program.

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*Last Name* *First Name* *Middle* *Former Name*

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*Mailing Address* *City* *State* *Zip Code* *County* *Home Phone*

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*Other Phone* *Gender* *Date of Birth* *Email Address*

Please list all institution(s) of higher education you have attended

Institution	City/State	Dates Attended	Major/Minor	Degree/Certification Obtained	Date of Graduation

Do you meet Pennsylvania residency requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you obtain your undergraduate degree from ESU? <input type="checkbox"/> Yes <input type="checkbox"/> No	Semester and year you intend to enroll: <input type="checkbox"/> Fall (August) _____ Year <input type="checkbox"/> Spring (January) <input type="checkbox"/> Summer Session
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Veteran Status: <input type="checkbox"/> Veteran <input type="checkbox"/> Non-veteran	Ethnic Background: <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Black/African/American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander
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IN CASE OF EMERGENCY PLEASE NOTIFY:  Parent  Spouse  Partner  Other (specify) \_\_\_\_\_

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*First* *MI* *Last*

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*Address* *City* *State* *Zip* *(Area code) Phone Number*

**REGISTRATION INFORMATION:** If this is your first semester at ESU, please fill in the information below in order to be registered. After your first semester, you will be able to register online through your ESU student portal at [www.esu.edu](http://www.esu.edu).

PLEASE INDICATE BELOW THE COURSE/S IN WHICH YOU WISH TO ENROLL.

CRN (Section #)	Course Department and Number	Location

I certify that these statements are true and correct to the best of my knowledge.

Signature

Date

**NOTICE OF NON-DISCRIMINATION:** East Stroudsburg University of Pennsylvania does not discriminate on the basis of race, color, religion, national origin, sex, veteran status, disability or age in its programs and activities in accordance with state and federal laws. The following person has been designated to handle inquiries regarding this policy - Director of Diversity/Ombudsperson, 200 Prospect Street, 115 Reibman Building, East Stroudsburg, PA 18301, (570-422-3656)