

UNIVERSITY OF ARKANSAS

**College of Education and Health Professions
Summary of Basic Data for Admission**

1. Name _____ 2. Address _____

City, State, Zip _____ 3. Phone _____

4. Degrees Received (Begin with most recent)

Degree	Institution	Date	Major

5. Total Graduate Hours _____ 6. GPA on all Graduate Hours _____

7. Standardized Test Scores

GRE:	_____	_____	_____	_____
	Verbal	Quantitative	Analytical	Advanced
	_____	_____	_____	_____
	Total	Date	Location	
MAT:	_____	_____	_____	
	Score	Date	Location	

8. Related Professional Experience (Begin with most recent)

Institution	Location	Duties	Dates

9. Profile Summary (Indicate number of faculty checking each)

a. Standardized Test Score	+3 _____	+2 _____	+1 _____	-1 _____
b. Previous Graduate Work	+3 _____	+2 _____	+1 _____	-1 _____
c. Professional Experience	+3 _____	+2 _____	+1 _____	-1 _____
d. Recommendations	+3 _____	+2 _____	+1 _____	-1 _____
e. Personal Interview	+3 _____	+2 _____	+1 _____	-1 _____
f. Professional Promise	+3 _____	+2 _____	+1 _____	-1 _____
	_____ Recommend Acceptance	_____ Recommend Rejection		
	_____ Recommend Tabling	_____ Abstain		

10. Participants:

11. Temporary Advisor: _____

12. Submitted by:

Signature of Program Chair/Coordinator Date Submitted Date Admit/Reject

