



Please answer questions in the space provided. You may attach pages to capture any additional information.

Filing Status

Please select the program (select one) you are applying to (applicants will select concentrations in supplemental forms):

- ☐ Bachelor of Arts in Liberal Studies ☐ Master of Arts in Liberal Studies ☐ Doctor of Liberal Studies
- ☐ Master of Professional Studies ☐ Advanced Professional Certificate ☐ Paralegal Studies
- ☐ Leadership Coaching Certificate ☐ Executive Certificate in Organization Consulting and Change Leadership
- ☐ Executive Leadership Certificate ☐ Semester in Washington (spring or summer only)
- ☐ Summer School ☐ Summer Programs for High School students

Personal Information

Term: __ Fall __ Spring __ Summer Year: 20____

Name:	Last	First	Middle
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*Please indicate any
previously used
names:* _____

Date of birth: - -
Month Day Year

Place of Birth: _____
City and state (country if not U.S.)

Sex: Male ☐ Female ☐

Social Security Number: - -

Current Address: _____

Street Apt. # City, State, Zip

Permanent Address: _____
(if different):

Street Apt. # City, State, Zip

Contact Numbers:

Primary: - -
 home cell work

Secondary: - -
 home cell work

E-mail Address: Primary _____
Secondary: _____

*Race/ Ethnicity (optional):

Do you consider yourself to be Hispanic/Latino? ☐ Yes ☐ No

In addition, select one or more of the following racial categories to describe yourself:

- ☐ American Indian or Alaska Native ☐ Asian American ☐ Black or African American
☐ Native Hawaiian or other Pacific Islander ☐ White/ Caucasian

Citizenship Status (If you hold dual citizenship with the U.S., please select U.S. as your country of citizenship)

Are you a U.S. citizen? Yes ☐ No ☐

Are you a Permanent Resident (green card holder) of the U.S.? Yes ☐ No ☐

Non U.S. Country of Citizenship: _____

Are you a United States Veteran? Yes ☐ No ☐

Are you a current or former employee of Georgetown University? Yes ☐ No ☐

If yes, dates employed: _____ (MM/YYYY – MM/YYYY)

How did you hear about us? ☐ Poster ☐ Brochure ☐ Web search ☐ Google advertisement ☐ Print advertisement

☐ Web advertisement ☐ Email ☐ School of Continuing Studies website

☐ Georgetown University website ☐ Friend ☐ Other _____

Prior Applications to Georgetown University

If you have previously applied to any school of Georgetown University, please complete the following:

To which school did you apply? _____

When did you apply (MM/YYYY)? _____

Were you

Accepted?

Yes ☐ No ☐

Did you attend?

Yes ☐ No ☐

If yes, list dates Attended (MM/YYYY): From: _____ To: _____

Additional Information

Have you ever been suspended or dismissed from Georgetown University or another college?

Yes ☐ No ☐

Have you ever been convicted of any misdemeanor, felony, or other crime?

Yes ☐ No ☐

If you answered yes to either question above, please explain in detail including dates for each incident (Please attach an additional sheet if necessary).

List all colleges or universities you have attended. List your most recent school first (if applying to Summer Programs for High School students, please leave blank).

Name of School	Location (City, State)	Dates Attended	Credits / Degree Earned	Completion Date

Signature

I certify that all information submitted in this application and in any supporting documents of my candidacy for admission to Georgetown University is complete and true to the best of my knowledge and belief. I understand that providing false and/or misleading information or failing to provide updated information can result in a withdrawal of an offer of admission, dismissal, or other disciplinary sanctions.

Signature

Date

The School of Continuing Studies reviews applications without regard to, and does not discriminate on the basis of, age, color, disability, family responsibilities, familial status, gender identity or expression, genetic information, marital status, national origin, personal appearance, political affiliation, race, religion, sex, sexual orientation, source of income, veteran's status or any other factor prohibited by law in its educational programs and activities

Application materials can be submitted to:

**Georgetown University
School of Continuing Studies
Office of Admissions
3307 M St. NW
Suite 202
Washington, DC 20007
Phone: (202) 687-8700**



GEORGETOWN UNIVERSITY

SCHOOL OF CONTINUING STUDIES

Supplemental Form for Admission: Semester in Washington Program

1. Please check (only one) anticipated concentration:
American Politics ____
International Affairs ____
Law ____
Religion and Politics ____
2. Will you be requesting campus housing? Yes ____ No ____
3. Please attach an updated resume or CV.
4. Please submit a one-page essay, explaining how Georgetown's Semester in Washington Program ties into your studies to date and how it will contribute to your professional development.
5. Please submit one letter of recommendation (on letterhead) from an academic or professional contact, together with the recommendation form.

I certify that all information submitted in this application and in any supporting documents of my candidacy for admission to Georgetown University is complete and true to the best of my knowledge and belief. I understand that providing false and/or misleading information or failing to provide updated information can result in a withdrawal of an offer of admission, dismissal, or other disciplinary sanctions.

Signature _____

Date _____



GEORGETOWN UNIVERSITY

SCHOOL OF CONTINUING STUDIES

Recommendation Form>>

Applicant Name: _____

Program: _____

☐ I waive my right to review this recommendation when completed and understand that it will remain confidential

☐ I do not waive my right to review this document.

Recommender Information:

First Name: _____ Last Name: _____

Title: _____ Institution: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone Number: _____

E-mail Address: _____ @ _____

I have known this applicant for: _____ Years _____ Months

If you have taught the applicant, please indicate the course, grade, and years:

Course: _____ Grade: _____ Years: _____

I have served as the applicant's: _____

If other, please specify: _____

Briefly evaluate the applicant with respect to character, integrity, and any special talents or qualities. Please identify issues about which the student is particularly enthusiastic. In your estimation, does the candidate demonstrate the independence necessary for success in this program?

Please attach letter of recommendation to this form and return to:

School of Continuing Studies

Office of Admissions

3307 M Street, NW

Suite 202

Washington, DC 20007