

**COLLEGE AND GRADUATE SCHOOL OF EDUCATION, HEALTH, AND HUMAN SERVICES  
OFFICE OF GRADUATE STUDENT SERVICES**

**PERSONAL DATA FORM  
PH.D. APPLICANT**

Today's Date \_\_\_\_\_

Kent State University  
College of EHHS  
Office of Graduate Student Services  
Room 418 White Hall  
Kent, OH 44242-0001  
  
330-672-2576  
<http://www.ehhs.kent.edu/offices/OGS/>

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Tentative Major** \_\_\_\_\_ **Tentative Minor** \_\_\_\_\_

**Professional Experience (beginning with current position)**

Dates (MM/YY to MM/YY)	Institution/Company	Title
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

**Other Related Work Experience**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Military Experience**

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**Leadership Experience**

College or University \_\_\_\_\_

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Professional \_\_\_\_\_

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Professional Objective \_\_\_\_\_

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**Educational Preparation (Secondary School, College or University)**

Institution Degree or Hours	Major Dates Attended
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____
_____	_____ to _____

Honors (Secondary School, College or University) \_\_\_\_\_

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## Certification Information

Type of Certificate State Date Issued \_\_\_\_\_

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Evidence of Professional Creativity (Research, Professional Writing, etc.) \_\_\_\_\_

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Professional Journals Read Regularly \_\_\_\_\_

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Professional Organizations (members of) \_\_\_\_\_

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Special Interests or Hobbies \_\_\_\_\_

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