



FRESHMAN APPLICATION SUPPLEMENT 2012-13

This MSOE Application Supplement must accompany the 2012-13 Universal Application. Thank you for taking the time to provide us with this additional information. Please complete the following form.

GENERAL INFORMATION

Full name _____
First Name Middle Name Last/Surname

Please list other names you have used or will use during the application process (or to take tests):

Preferred nickname (if any) _____

Gender: Male Female Date of Birth _____

PERMANENT ADDRESS

Address _____

City State Zip/Postal Code Country

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Home Phone Number Mobile/Cell Phone Number E-mail Address

BACKGROUND INFORMATION

State of legal residence _____ Date of entrance into the U.S. (*for non-U.S. citizens*) _____

Have you ever applied to MSOE before? Yes No

If yes, list term and year: Fall 20____ Winter 20____ Spring 20____

Have you participated in any of the following:

Delta Epsilon Chi Association (DECA)? Yes No

FIRST Robotics? Yes No

Future Business Leaders Association (FBLA)? Yes No

Project Lead The Way (PLTW)? Yes No

Technology Student Association (TSA)? Yes No

Are you related to a MSOE alumnus? Yes No

If yes, what is the name of the alumnus? _____

What is your relationship to that person? _____

INTENDED AREA OF STUDY AT MSOE

Please select only one major. If you are not ready to choose a major, check the undecided box. International students must declare a major.

Building and Infrastructure Engineering Field

- Architectural Engineering
- Civil Engineering (BS/MS five-year track)
- Construction Management

Business Field

- Business Management
- International Business
- Management Information Systems
- Technical Communication

Computer Field

- Computer Engineering
- Software Engineering

Engineering Field

- Electrical Engineering
- Industrial Engineering
- Mechanical Engineering

Nursing and Health-related Field

- Biomedical Engineering
- BioMolecular Engineering
- Nursing

- Undecided

HOW DID YOU HEAR ABOUT MSOE?

- | | |
|---|--|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> MSOE Alumni
Name _____ |
| <input type="checkbox"/> Campus Visit | <input type="checkbox"/> Overseas Representative |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Peterson's |
| <input type="checkbox"/> College Fair | <input type="checkbox"/> Private Colleges and Universities |
| <input type="checkbox"/> Current MSOE Student
Name _____ | <input type="checkbox"/> Referral |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Fastweb | |
| <input type="checkbox"/> Internet Search | |

OPTIONAL

Please share any additional information you would like the MSOE admission committee to know about you.

Name of applicant

Term of application



Enrollment Management
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