Thank you for your interest in Ph.D. Studies at the University of the Virgin Islands.

Applying to the Ph.D. Graduate Program at the University of the Virgin Islands is easy! The following checklist will assist you in completing your Ph.D. application and preparing your supporting application documents.

1. Review the Ph.D. Program Requirement Web Page for information regarding your graduate program requirements including application deadlines, admission requirements, and contact information.

2. Create an application account to start your application.

3. All applicants must submit a transcript for every institution of higher education attended. Please ensure that personal identifying information such as a student identification number or social security number appearing on any electronic document is removed or blotted out before scanning and submitting your document. If requested by the graduate program or if you are admitted and choose to enroll, you must submit official transcripts and/or academic documents directly to the Office of Graduate Admissions. (Note: UVI will accept transcripts electronically via E-script CLICPHD@uvi.edu).

4. The program requires either the Graduate Record Examination (GRE) or Graduate Management Admission Test (GMAT). If you have not done so already, request that ETS or GMAT send your scores electronically using the appropriate code for the university.

5. Three (3) letters of recommendation and a personal statement are required for all applicants. Recommendation provided as well as the personal statement can be submitted directly via email CLICPHD@uvi.edu.

6. You may check the status of your submitted application by logging into your online application account. The Ph.D. program to which you applied updates your application status. If you have additional questions regarding your application status, you should contact the Ph.D. graduate program directly.

7. Pay a non-refundable application fee of $25 (U.S. dollars) along with the Tuition and Fees using any of the following available options; online or over the phone using either credit/debit cards, money order or direct payment at our Cashier’s Office.

8. Please ensure that you verify your residence classification to assist in determination of appropriate Tuition and Fees.

9. International Students are required to complete the Certificate of Finance Form. You can fill and submit it online OR fax or scan a copy and email to CLICPHD@uvi.edu initially (for speed), but YOU MUST SEND ALL ORIGINAL DOCUMENTS BY MAIL.
APPLICATION FOR Ph.D. ADMISSION

PLEASE TYPE OR PRINT CLEARLY

BEGINNING SEMESTER  
☐ (August) FALL 20__  
☐ St. Thomas  
☐ St. Croix  
☐ St. Martin  

CAMPUS  

PROGRAM SPECIALIZATION (Please see PhD requirements for details)  
☐ CLC TRACK (Creativity and Leadership for Change)  
☐ ODL TRACK (Organizational Development and Leadership)  
☐ ELC TRACK (Educational/Academic Leadership for Change)  
☐ UNDECIDED  

FULL LEGAL NAME: (Do not use nicknames. International applicants: Use name as listed on passport.)  

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<th>First</th>
<th>Middle</th>
<th>MAIDEN or OTHER NAMES</th>
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PERSONAL INFORMATION

BIRTH PLACE (State or Country)  

BIRTH DATE  
MM DD YY  

MARITAL STATUS  
☐ SINGLE  
☐ MARRIED  
☐ DIVORCED  
☐ UNKOWN  

GENDER  
☐ Female  
☐ Male  

ETHNICITY (optional)  
☐ Black non-Hispanic  
☐ American Indian/Alaskan Native  
☐ Asian/Pacific Islander  
☐ White non-Hispanic  
☐ Hispanic  
☐ Other  

RACE (optional)  
☐ Black non-Hispanic  
☐ American Indian/Alaskan Native  
☐ Asian/Pacific Islander  
☐ White non-Hispanic  
☐ Hispanic  
☐ Other  

COUNTRY OF CITIZENSHIP  
☐ U.S.A.  
☐ Naturalized U.S.  
☐ Permanent Resident  
☐ Non – U.S. Citizen: Specify Country  
☐ Visa Type  

RESIDENCE CLASSIFICATION (See Residence Classification Form)  
☐ U.S.V.I. Resident  
☐ Non-Resident  
☐ International  

Have you ever been convicted of a crime, other than a traffic violation?  
☐ Yes  
☐ No  
☐ Felony  
☐ Misdemeanor  

If yes, explain:  

Are you a U.S. Veteran or a Dependent of one?  
☐ Yes  
☐ No  

CURRENT MAILING ADDRESS  

Apt/Street/P.O. Box  

City/Province  

State/Country  

Zip/Postal Code  

Contact Tel #  

Email  

PHYSICAL ADDRESS (If different from mailing)  

Apt/Street/P.O. Box  

City/Province  

State/Country  

Zip/Postal Code  

Contact Tel #  

Email  

EMERGENCY CONTACT  
☐ Parent  
☐ Legal Guardian  
☐ Other, please specify:  

Last Name  

First  

Middle Initial  

(Area Code) Phone Number  

Address  

City  

State  

Zip Code  

EDUCATIONAL BACKGROUND INFORMATION

Have you previously applied for admission to UVI?  
☐ Yes  
☐ No  
If yes  
☐ Accepted  
☐ Denied  

Have you ever attended UVI before?  
☐ Yes  
☐ No  

Are you a currently enrolled student?  
☐ Yes  
☐ No  
(If yes, please state Program)  

Have you taken the GRE?  
☐ Yes  
☐ No  
When? (Year)  

Have you taken the GMAT?  
☐ Yes  
☐ No  
When? (Year)  

Have you taken the TOEFL? (Test of English as a Foreign Language)  
☐ Yes  
☐ No  
When? (Year)  

PLEASE TURN OVER
Name of Applicant | Date of Birth (MM/DD/YY)
---|---

List below **ALL** educational institution attended (including UVI, if applicable). Include dates attended and degree(s) received. Start with the most recent first.

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<th>Hours already completed</th>
<th>Completed</th>
<th>Degree Earned</th>
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<tr>
<td>List below <strong>ALL</strong> institutions attended (in chronological order)</td>
<td>From</td>
<td>To</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**SIGNATURE PAGE**

THIS APPLICATION MUST BE SIGNED AND DATED BY THE APPLICANT BEFORE ANY ADMISSION ACTION CAN BE TAKEN. I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the University of the Virgin Islands, or subject to dismissal. I certify that the statements I have made on this application are true and complete.

Signature ________________________________ Date _____/_____/_______

**CONTACT INFORMATION**

**St. Thomas Campus Address:**
8266 John Brewer’s Bay
St. Thomas, V.I. 00802-6025
Tel: (340) 693-1160
Fax: (340) 693-1167
E-mail: CLICPHD@uvi.edu

**St. Croix Campus Address:**
RR #1 Box 10,000, Kingshill
St. Croix, V.I. 00850-9781
Tel: (340) 692-4158
Fax: (340) 692-4115
E-mail: CLICPHD@uvi.edu

THANK YOU FOR APPLYING & WARM WELCOME