PERSONAL INFORMATION

Social Security Number________________________ Sex: _____ Male ___ Female
Last Name__________________ First Name______________ Middle Initial__________
Transcripts are also listed under the name of________________________

Place of Birth________________________ Date of Birth__________
City State or Country (MM/DD/Year)

Permanent Address ____________________________________________
Number and Street
City State Zip Country

Permanent Daytime Telephone______________ - Permanent Evening Telephone____

Current Address (if different) ________________________________
Number and Street
City State Zip Country
Valid until (MM/DD/Year)

Current Daytime Telephone______________ Current Evening Telephone____________________

The next question will in no way affect the Admission Committee’s decision.
How would you describe yourself?

___ American Indian       ___Black non-Hispanic         ___Hispanic
___ Asian or Pacific Islander  ___Cuban or Cuban American  ___White non-Hispanic

Is your first and best language English? ____Yes ____No    If no, native language:____
Other foreign languages in which you can converse and write comfortably:___________

Are you a U.S. citizen? ___ Yes ___No

If no, please answer the questions below:
Of what country are you a citizen?______________________________
Are you a permanent U.S. resident? ____Yes ___No    Alien Registration #:__________
Do you presently have a U.S. visa? ____Yes ___No Type Visa Expiration date_____

If you do not have a U.S. visa, please indicate the type of visa required:

___Student Visa (F1)    ___Exchange Visa (J1)    ___other (specify)__________
INTENDED PROGRAM OF STUDY

When do you intend to begin study at the University of Miami?
        _____Fall Semester       _____Year

In which one of the following graduate programs do you intend to enroll?
        _____M.A. in Economics       _____Ph.D. in Economics

Do you expect to register as a full-time student? ___Yes ___No

Do you want to be considered for graduate assistantship? ___Yes ___No
(Assistantship application must be completed to be considered)

TEST INFORMATION

<table>
<thead>
<tr>
<th>Test</th>
<th>Date Taken or Will Be Taken</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRE*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOEFL**</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*GRE required for M.A. and Ph.D. programs in Economics.
**TOEFL required if native language is other than English.

ACADEMIC RECORD

List ALL post-secondary institutions (graduate and undergraduate) attended, **even if for only one course.**

Institution | Location | Dates Attended | Major Field | Degree Awarded/Date
-------------|----------|----------------|-------------|---------------------

If currently enrolled, list courses: ____________________________________________

Undergraduate Major___________________________________________________________

Self-reported Grade Point Average __________ Maximum Possible GPA_______________

Graduate Major________________________________________________________________

Self-reported Grade Point Average________________ Maximum Possible GPA _____

Do you plan to take any additional courses between now and when you intend to begin study? ___Yes ___No

If yes, list courses: _____________________________________________________________
____________________________________________________________________________
SCHOLARLY ACHIEVEMENTS

List recognitions for scholarly achievements (such as awards, honorary societies, scholarships), professional societies, articles or books published, papers presented, research inventions, or any other creative work.

<table>
<thead>
<tr>
<th>Organizations or Activities in which you participated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Held</td>
</tr>
<tr>
<td>--------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Employer and Location
(Part-time work while in college - include summer jobs)  Position and Duties  Dates of Employment

<table>
<thead>
<tr>
<th>Employer and Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Approximate hours worked per week:__________________________

<table>
<thead>
<tr>
<th>Freshman</th>
<th>Sophomore</th>
<th>Junior</th>
<th>Senior</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Percent of your college expenses that you personally provided:__________________________
WORK EXPERIENCE

Full time positions; include those in the military. (Please list chronologically--most recent job first. PLEASE DO NOT INDICATE "SEE RESUME.")

<table>
<thead>
<tr>
<th>Company</th>
<th>Location</th>
<th>Position and Duties</th>
<th>Date Begun</th>
<th>Date Left</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please further highlight your current position:
What is the major activity of your firm? ____________________________

Please highlight your current job responsibilities: ____________________________

How many people do you report to? ___ What is your current salary? ____________

*Remember to attach resume
COMPUTER EFFICIENCY
Please list computer programming languages, operating systems, and software with which you are experienced:

<table>
<thead>
<tr>
<th>Language/Software</th>
<th>Operating System/Hardware</th>
<th>Level of Proficiency</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Fair</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SELECTION OF GRADUATE SCHOOL
Please list other graduate schools of business, it any, to which you have made, or plan to make, application for admission.

Please indicate the source which prompted you to apply for admission to the University of Miami:

___Alumnus name and address .................................................................

Faculty member name and address .........................................................

___Business acquaintance name and address ........................................

___Admission forum in ...........................................................................

___Newspaper or magazine advertising in ...................................................

___General reputation of the school.........................................................

___Other .................................................................................................

Have you ever attended the University of Miami? ___ Yes ___ No    If So, when? ______

Student Number ..................................................................................

Under what name, if different from application?

Have you ever applied for admission to University of Miami Graduate School? ___ Yes ___ No. If so, when? ________________________________.
PERSONAL STATEMENT

What are your reasons for undertaking doctoral study at the Department of Economics, University of Miami? Please describe how your experience, education, graduate training at this school, and future career plans relate to each other. Describe your long-term objectives. Applicants to the doctoral program should include current areas of interest and future research interests.

Please use this opportunity to describe yourself more fully to the Doctoral Program Committee. You may arrange your response in any way. We are interested in knowing about those activities that have engaged your energies and why. Describe some incident that illustrates your ability to operate in an unstructured or independent environment.

____________________________________________________________________________________________________________________________________________________________________

I hereby certify that the Information given in this application is complete and accurate. In applying for admission, I agree, if accepted to familiarize myself with the rules and regulations of the University of Miami and its Graduate School and to abide by them.

Date:______________ Signature: __________________________________________

Please return this application with the $50 non-refundable application fee to:

Director of Recruiting and Admissions
Department of Economics
School of Business Administration
University of Miami
P.O. Box 248126
Coral Gables, FL 33124-550

Please Note: With your application, did you remember to submit your most recent resume? Have your two letters of recommendation been submitted? Have you requested from all post-secondary educational institutions attended that two transcripts be sent directly from them to the University of Miami? Did you request from ETS that your test scores (ORE, TOEFL) be sent directly from them to the University of Miami? (Educational transcripts and test scores are not official if received via applicant.) If all of the above are not completed, your file will be considered incomplete and will not be evaluated by the Admissions Committee.
ASSISTANTSHIP APPLICATION

This form is for assistantships only. Assistantships are awarded on the basis of demonstrated achievement in both academic and professional fields as well as on future promise. These are the areas to which you should address yourself.

1. Briefly outline your undergraduate history: ________________________________
   Undergraduate Institution: __________________________________________
   Major course of study: ____________________________________________
   Undergraduate GPA: _____________________________________________
   Major Overall
   GRE Score
   Significant coursework: _____________________________________________
   Research: _______________________________________________________
   Special projects: _________________________________________________
   Honors/Activities: _______________________________________________

2. Briefly outline your work experience including part-time work during school, full-time employment and summer employment. Begin with your most recent position and work backwards. You may use an additional sheet if necessary.
   Place of employment: _____________________________________________
   Job Title: _______________________________________________________
   Major responsibilities: ___________________________________________
   Dates: __________________________________________________________

3. Briefly outline any particular skills you would bring to an assistantship:
   Language competency:
   Language speak read write
   Language speak read write
   Computer literacy: _______________________________________________
   Office Equipment: _______________________________________________
   Typing/Word processing: _________________________________________
   Other: __________________________________________________________

3. Please take this opportunity to give any additional information which you feel should particularly influence the committee on admissions and assistantships in its consideration of your application.
Dear Applicant:
Enter your name and address below. Give or send a copy of this form to two of your previous instructors who are able to comment on your qualifications for graduate study. If you were graduated some years ago and find you cannot obtain references from instructors, you may send this form to business references. When the attached envelope is returned to you by the evaluator, it should be included with all other required application documents in the enclosed reply envelope addressed to: Admissions Office, Graduate Programs in Economics, P.O. Box 248126, University of Miami, Coral Gables, Florida 33124-6550.

Note to Applicant: After you have filled out the two lines below, please carefully read the statement regarding the Family Educational Rights and Privacy Act of 1974; check the response you wish to make; date and sign your name.

Applicant___________________________________________________________

Address: _____________________________________________________________

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974
Under the provisions of the Act you have the right, if you enroll at the University of Miami, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below by checking the appropriate phrase and signing your name whether or not you wish to waive this right to review your letters of recommendation. NOTE that signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admissions process.

I waive ______ do not waive ______ any right to review letters of recommendation.

Applicant's signature: ____________________________________________ Date: __________________________

For your information letters of recommendation are used only for admission purposes and are not available to university personnel after a student is admitted to the university unless so requested by the student.

Note to Evaluator: Your assessment of the applicant's qualifications for graduate work leading to the Ph.D./M.A. degree is available to the student after his enrollment to the university unless he has waived this right (see above). Please feel free to include anything which bears upon the individual's future academic or professional career.

1. How long have you known the applicant? ____________________________

   In what capacity? ____________________________________________

2. What is your estimation of the applicant's principal strengths as they bear on participation in a Ph.D./M.A. Program? ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What are the applicant's principal weaknesses in this respect? ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
4. Do you consider the applicant's achievements thus far to be a true indication of his ability?  
If “No”, why not?  

5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

<table>
<thead>
<tr>
<th>Criterion</th>
<th>TOP 5%</th>
<th>TOP 15%</th>
<th>TOP THIRD</th>
<th>MIDDLE THIRD</th>
<th>LOW THIRD</th>
<th>INADEQUATE OPPORTUNITY TO OBSERVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTELLECTUAL CAPACITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROBLEM ANALYSIS ABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREADTH OF KNOWLEDGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION SKILLS -ORAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION SKILLS -WRITTEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTIVATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATURITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSISTENCE AND DRIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL POTENTIAL FOR GRADUATE STUDY IN BUSINESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. You may use the remainder of the space on this page [or additional comments or attach extra sheets as necessary.]

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

7. Check one: ___I recommend the applicant. _____ I do not recommend the applicant.

NAME OF EVALUATOR- PLEASE PRINT OR TYPE:

NAME: ___________________________ SIGNATURE: ___________________________

POSITION: ___________________________ ORGANIZATION: ___________________________

ADDRESS: ___________________________ DATE: ___________________________

Evaluator:
For confidentiality, please seal envelope, sign across sealed flap, and return to applicant.

RECOMMENDATION EVALUATION
SCHOOL OF BUSINESS ADMINISTRATION
Dear Applicant:
Enter your name and address below. Give or send a copy of this form to two of your previous instructors who are able to comment on your qualifications for graduate study. If you were graduated some years ago and find you cannot obtain references from instructors, you may send this form to business references. When the attached envelope is returned to you by the evaluator, it should be included with all other required application documents in the enclosed reply envelope addressed to: Admissions Office, Graduate Programs in Economics, P.O. Box 248126, University of Miami, Coral Gables, Florida 33124-6550.

Note to Applicant: After you have filled out the two lines below, please carefully read the statement regarding the Family Educational Rights and Privacy Act of 1974; check the response you wish to make; date and sign your name.

Applicant: ________________________________
last name  first name  middle name
Address: ____________________________________________
street                 city               state                zip

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974
Under the provisions of the Act you have the right, if you enroll at the University of Miami, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below by checking the appropriate phrase and signing your name whether or not you wish to waive this right to review your letters of recommendation. NOTE that signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admissions process.

I waive ______  do not waive _______ any right to review letters of recommendation.

Applicant's signature: ____________________________  Date: ____________________________

For your information letters of recommendation are used only for admission purposes and are not available to university personnel after a student is admitted to the university unless so requested by the student.

Note to Evaluator: Your assessment of the applicant's qualifications for graduate work leading to the Ph.D./M.A. degree is available to the student after his enrollment to the university unless he has waived this right (see above). Please feel free to include anything which bears upon the individual's future academic or professional career.

1. How long have you known the applicant? ____________________________________________
   In what capacity? ________________________________________________________________

2. What is your estimation of the applicant's principal strengths as they bear on participation in a Ph.D/M.A.
   Program?
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. What are the applicant's principal weaknesses in this respect? ___________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
4. Do you consider the applicant's achievements thus far to be a true indication of his ability? 
   If “No”, why not? 

5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

<table>
<thead>
<tr>
<th></th>
<th>TOP 5%</th>
<th>TOP 15%</th>
<th>TOP THIRD</th>
<th>MIDDLE THIRD</th>
<th>LOW THIRD</th>
<th>INADEQUATE OPPORTUNITY TO OBSERVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTELLECTUAL CAPACITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROBLEM ANALYSIS ABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREADTH OF KNOWLEDGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION SKILLS - ORAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION SKILLS - WRITTEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTIVATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATURITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSISTENCE AND DRIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL POTENTIAL FOR GRADUATE STUDY IN BUSINESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. You may use the remainder of the space on this page [or additional comments or attach extra sheets as necessary].

7. Check one: ___ I recommend the applicant. ____ I do not recommend the applicant.

NAME OF EVALUATOR- PLEASE PRINT OR TYPE:

NAME: ___________________________ SIGNATURE: ___________________________

POSITION: ________________________ ORGANIZATION: _________________________

ADDRESS: __________________________ DATE: ____________________________

Evaluator:
For confidentiality, please seal envelope, sign across sealed flap, and return to applicant.

RECOMMENDATION EVALUATION
SCHOOL OF BUSINESS ADMINISTRATION
Dear Applicant:
Enter your name and address below. Give or send a copy of this form to two of your previous instructors who are able to comment on your qualifications for graduate study. If you were graduated some years ago and find you cannot obtain references from instructors, you may send this form to business references. When the attached envelope is returned to you by the evaluator, it should be included with all other required application documents in the enclosed reply envelope addressed to: Admissions Office, Graduate Programs in Economics, P.O. Box 248126, University of Miami, Coral Gables, Florida 33124-6550.

Note to Applicant: After you have filled out the two lines below, please carefully read the statement regarding the Family Educational Rights and Privacy Act of 1974; check the response you wish to make; date and sign your name.

Applicant___________________________________________________________________________________

last name first name middle name

Address: ________________________________________________

street city state zip

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT OF 1974
Under the provisions of the Act you have the right, if you enroll at the University of Miami, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate below by checking the appropriate phrase and signing your name whether or not you wish to waive this right to review your letters of recommendation. NOTE that signing of this statement is optional. Under law, refusal to sign the statement cannot be used negatively in the admissions process.

I waive _______ do not waive _______ any right to review letters of recommendation.

Applicant's signature: __________________________________ Date: __________________________

For your information letters of recommendation are used only for admission purposes and are not available to university personnel after a student is admitted to the university unless so requested by the student.

Note to Evaluator: Your assessment of the applicant's qualifications for graduate work leading to the Ph.D./M.A. degree is available to the student after his enrollment to the university unless he has waived this right (see above). Please feel free to include anything which bears upon the individual's future academic or professional career.

1. How long have you known the applicant? __________________________________________
   In what capacity? ________________________________________________________________

2. What is your estimation of the applicant's principal strengths as they bear on participation in a Ph.D./M.A. Program?
   _____________________________________________________________________________
   _____________________________________________________________________________

3. What are the applicant's principal weaknesses in this respect? __________________________
   _____________________________________________________________________________
   _____________________________________________________________________________
4. Do you consider the applicant's achievements thus far to be a true indication of his ability? __________________________
   If “No”, why not? __________________________

5. Please evaluate the applicant according to the following criteria by checking the appropriate boxes. Academic evaluators should compare the applicant to a representative group of students who have had approximately the same number of years of education and experience. Non-academic evaluators should use some other relevant group.

<table>
<thead>
<tr>
<th></th>
<th>TOP 5%</th>
<th>TOP 15%</th>
<th>TOP THIRD</th>
<th>MIDDLE THIRD</th>
<th>LOW THIRD</th>
<th>INADEQUATE OPPORTUNITY TO OBSERVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTELLECTUAL CAPACITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROBLEM ANALYSIS ABILITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BREADTH OF KNOWLEDGE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION SKILLS -ORAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>COMMUNICATION SKILLS -WRITTEN</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MOTIVATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MATURITY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PERSISTENCE AND DRIVE</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OVERALL POTENTIAL FOR GRADUATE STUDY IN BUSINESS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. You may use the remainder of the space on this page [or additional comments or attach extra sheets as necessary].

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Check one: ___I recommend the applicant.      ___ I do not recommend the applicant.

NAME OF EVALUATOR- PLEASE PRINT OR TYPE:

NAME: ___________________________  SIGNATURE: ___________________________
POSITION: _______________________  ORGANIZATION: _______________________
ADDRESS: _________________________  DATE: _____________________________
Evaluator:
For confidentiality, please seal envelope, sign across sealed flap, and return to applicant.

TRANSCRIPT REQUEST FORM

This request for transcript form has been provided for your convenience. A minimal fee is normally required in advance. Please check with the institution that granted your degree prior to sending them this form so that you can enclose the appropriate payment.

Academic Credentials: One official transcript is required from each college or university or university attended (including summer school, part-time study, or post-graduate work, even for only one course). Additional final transcripts showing degree conferred and date of graduation should be sent after completion of any course work still in progress at the time of admission. Applicants from foreign institutions should provide statements by the officials of the institutions attended indicating the courses taken, grades earned, and classification of degree. If not in English, foreign credentials must be accompanied by certified and notarized translations. All foreign credentials must be properly certified

Detach and send the portion below to the institution from whom you are requesting the transcript.

______________________________________________________________________________

Office of Student Records please send one official transcript to:

Director of Graduate Admissions
Graduate Programs in Economics
University of Miami
P.O. Box 248126
Coral Gables, Florida  33124-6550

(Please print clearly!)

Name_________________________________________________________________________

______________________________________________________________________________

Name under which you attended the University, if different.

Student Number: ________________________

Date of Birth:__________________________

Student is currently enrolled: _____yes _____no

Dates of Attendance: ______________________

___________________________________________
Signature