ML
MACHINE LEARNING DEPARTMENT

Application for the Fifth-Year
Master of Science in Machine Learning
School of Computer Science
Carnegie Mellon University

Personal Data

Mr. ☐ Ms. ☐ Mx. ☐ _____   _____
　　　　　　　　　　　　　Family Name　　　　　　　　　　　　　Given Name and Middle Name (if any)

_____   Are you a U.S. citizen or permanent resident of the U.S.? Yes ☐   No ☐
Andrew ID

_____   _____   _____
Date of Birth　　　　Country of Citizenship　　　Visa Type (if not U.S. citizen or permanent resident)

_____   _____
Anticipated Graduation Semester　　Desired Program Entry Semester

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Contact Data

_____   _____

_____   _____

_____   _____
Current Address　　　　　　　　　　　Permanent Address (if same as current, leave blank)

_____
Telephone

_____   _____
Home Department　　　　　　　　　　　Advisor

Courses that you have/will have taken as an undergraduate for the Fifth-Year Master's Program:

_____ _____ _____   _____ _____ _____
Course Number　　Semester　　　　Grade (if any)　　　Course Number　　Semester　　　　Grade (if any)

_____ _____ _____   _____ _____
Course Number　　Semester　　　　Grade (if any)　　　If using 10-315 + 15-281, enter 15-281 information here

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Letter of recommendation writers:

_____   _____
Name　　　　　　　　　　　　　　　　　Title and Affiliation

_____   _____
Name　　　　　　　　　　　　　　　　　Title and Affiliation

Email your form, statement of purpose, resume, and transcript to Dorothy Holland-Minkley (dfh@cs.cmu.edu).

_____   _____
Signature　　　　　　　　　　　　　　　　　　　　Date