

For Office Use Only:
Date Rec'd _____
Advisor _____

(PLEASE TYPE)
**APPLICATION FOR ADMISSION TO THE
MASTERS IN PUBLIC ADMINISTRATION PROGRAM**

Directions: Please provide all requested information. **Failure to do so will disqualify the application for consideration.**

Name _____
Last First Middle Date of Birth

Address _____
Number Street City State ZIP Code

Social Security Number Sex {M/F} Marital Status () Home Telephone

Title of Present Position Employer

Employer's Address

City State ZIP Code () Employer's Telephone

I. SCHOLASTIC RECORD

Schools Attended	Name & Location	Major	Dates of Attendance	Degree
GRADUATE				
UNDERGRADUATE				
HIGH SCHOOL				

GPA on highest earned degree _____. **Attach a copy of undergraduate transcript to back of application.**

Other evidences of scholastic achievement, e.g. honors, scholarships, fellowships, membership in honorary societies or fraternities. (Attach additional page, if needed)

II. STANDARDIZED TEST SCORES

Please list standardized test score(s) and attach a copy. These test scores will be used for diagnostic purposes.

MAT _____ Percentile Rank _____

GMAT _____ Percentile Rank _____

GRE $\frac{\text{Quantitative}}{\text{Verbal}} + \frac{\text{Verbal}}{\text{Total}} = \frac{\text{Total}}{\text{Total}}$ Percentile Rank _____

III. PROFESSIONAL EXPERIENCE

List Chronologically (Begin with the current or most recent)

Position	Name of Employer	Address of Employer	Dates of Employment

IV. MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS

Indicate memberships and offices held if applicable:

V. AREA YOU WISH TO SPECIALIZE IN

VI. REFERENCES

List the names and addresses of three persons who will complete letters of recommendation. At least one of the recommendations should be provided by a academic recommender. The persons listed should also be willing to present their recommendations in person to a Admissions Committee if requested.

1. _____
Name Position

Name of Institution and Address Telephone Number

City State ZIP

2. _____
Name Position

Name of Institution and Address Telephone Number

City State ZIP

3. _____
Name Position

Name of Institution and Address Telephone Number

City State ZIP

VII. PROFESSIONAL GOALS

Attach a one page statement concerning your motivation and plans for pursuing a career in public administration.

VIII. MATRICULATION

What are your proposed plans for completing degree requirements?

Full-time student until completed

Part-time student

Combination part-time and full-time student

What is your anticipated date for enrollment? _____
Semester/Year

Please check one:

I would like to be considered for Financial Assistance? _____
Yes No

I certify that I applied for admission to the Graduate School to work on the Masters degree on _____
Date

To the best of my knowledge the information in this application is accurate.

Signature / Date

Return Dept. Application, GRE scores, and letters of reference to:

Attn: Graduate Admissions

Department of Public Policy & Administration

3825 Ridgewood Road

Box 18

Jackson, Mississippi 39211

/daj

Revised Spring 1999

**DEPARTMENT OF PUBLIC POLICY AND ADMINISTRATION
JACKSON STATE UNIVERSITY
3825 Ridgewood Road, Box 18
Jackson, Mississippi 39211**

CONFIDENTIAL REPORT ON MASTERS APPLICANT
(please type, if possible)

Applicant's Name _____ / _____
(Applicant's Signature) DATE

The person named above has applied for admission to the Masters Program in Public Administration Program for the next academic year.

We would be grateful for your careful evaluation of the applicant. Please evaluate the applicant's intellectual ability, preparation, promise of growth, character, and limitations as well as assets. Where does this applicant rank in terms of all students you've encountered in your professional career? Your judgement of the applicant's likely effectiveness and future contribution to the field will be appreciated. Please discuss each of the aforementioned as you write the letter for the applicant.

Referee's Name (print or type): _____ Date _____

Position and Institution _____

Relationship to applicant _____

How long have you known applicant? _____

In your opinion, what is the likelihood that the applicant will succeed in his/her stated goals? _____

Please write in the following space and continue on a separate page if additional space is needed. If you choose not to use this form, write your letter on institutional letterhead. When completed, mail this recommendation to **the address above**.

Jackson, Mississippi 39211

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At your request, we are pleased to provide you with an application kit for the Masters program in public administration. Included are the following items:

- A description of the degree requirements which you must meet in order to graduate with a degree.
- A Curriculum Sheet
- An application form for the Masters program in public administration.
- An application form for admission to the JSU Graduate School.
- Three (3) recommendation forms. (**At least one (1) recommendation should be provided by a academic recommender.**)
- An application for Financial Aid.

Submit the items listed below to: ***Graduate Admissions, The Graduate School**, Jackson State University, P.O. Box 17095, Jackson, Mississippi 39217. Send all other items to the department.

- _____ 1. A copy of your completed form, "Application for Graduate Admission "
- _____ 2. Official copies of all undergraduate transcripts

When your file is complete, it will be forwarded to the Public Policy & Administration Department for review by the departmental admissions committee. The Graduate School will notify you of the admission decision then you report to the department for academic advisement.