For Office Use Only: Date Rec'd_____ Advisor_____

(PLEASE TYPE) APPLICATION FOR ADMISSION TO THE PH.D. IN PUBLIC ADMINISTRATION PROGRAM

Directions: Please provide all requested information. <u>Failure to do so will disqualify the application for</u> <u>consideration</u>.

Name						
Last	First		Middle		Date of Birth	
Address						
	Number	Street	City	State	ZIP Code	
				()		
Social Secur	rity Number Sex	{M/F} Mari	ital Status	Home 7	elephone	
Title of Pres	sent Position		Employ	/er		
Employer's A	Address					
				()		
City	State	ZIP Code		Employ	ver's Telephone	

I. SCHOLASTIC RECORD

Schools Attended	Name & Location	Major	Date of Atten- dance	Degree
GRADU- ATE				
UNDER- GRADU- ATE				
HIGH SCHOOL				

GPA on highest earned degree______. <u>Attach a copy of graduate transcripts to</u> 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.

MAT _____

GMAT _____

GRE ______ + ____ = _____ Total

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:

Percentile Rank_____

Percentile Rank_____

Percentile Rank_____

V. RESEARCH AND PUBLICATIONS

A. Master's and Specialist's Level Research: title of thesis, scholarly paper or projects and sponsoring institution.

Μ	asters:
Spec	ialist
В.	Publications (attach supplementary page if more space is needed). Submit a copy of atleast two publications if available. <u>Title</u> <u>Reference</u>
1	
2	
3	

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

Using a separate sheet, write a description of your career plans after completion of degree requirements if you are accepted into the program. (Minimum - 2 pages) Note: This essay <u>may not</u> serve as a substitute for the two samples of academic or professional writing.

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 Ph.D. degree on

Date

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

Signature

Date

Return Original Application, GRE Scores, letters of reference to: Attn: Ph.D. Program Department of Public Policy & Administration 3825 Ridgewood Rd., Box 18 Jackson, Mississippi 39211

/pms Revised Spring 1997

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

<u>CONFIDENTIAL REPORT ON PH.D.</u> <u>APPLICANT</u> (please type, if possible)

Applicant's Name/
(Applicant's Signature) DATE
The person named above has applied for admission to the Ph.D. 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): 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 Department address listed above.

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

<u>CONFIDENTIAL REPORT ON PH.D. APPLICANT</u> (please type, if possible)

Applicant's Name_

(Applicant's Signature) DATE The person named above has applied for admission to the Ph.D. 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.

Date

Referee's Name (print or type):_____

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 Department address listed above.

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<u>CONFIDENTIAL REPORT ON PH.D.</u> <u>APPLICANT</u> (please type, if possible)

Applicant's Name	
DATE	(Applicant's Signature)
The person named above has applied for admis academic year.	sion to the Ph.D. in Public Administration Program for the next
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Position and Institution	Date
Relationship to applicant	
	applicant will succeed in his/her stated goals?
Please write in the following space and continue on a separate of the separate	arate page if additional space is needed. If you choose not to use this form, write your is recommendation to the Department address listed above.

Ph.D APPLICATION PROCEDURES

At your request, we are pleased to provide you with an application kit for the Ph.D. program in public administration. **The application deadline is March 1st.** 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 Ph.D. 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 1, 2 & 9 listed below to: *Graduate Admissions, The Graduate School, Jackson State University, P.O. Box 17095, Jackson, Mississippi 39217 and a copy with 1 - 8 to: The Department of Public Policy & Administration, 3825 Ridgewood Rd., Box 18, Jackson, MS 39211.

- 1. A copy of your completed form, "Application for Graduate Admission
- _____ 2. Official copies of all graduate transcript
- _____ 3. Two samples of academic or professional writing. (e.g. graduate term paper, thesis, academic/professional clinical study, policy analysis or management report)
- 4. Three (3) recommendation forms. (At least one (1) recommendation should be provided by a academic recommender.)
- _____ 5. **Official** GRE or GMAT or MAT Scores.
- _____ 6. .Essay of Professional Goals
- _____ 7. "Completed copy of department application
- _____ 8. Application for Financial Aid.
- 9. Application Fee of \$20.00 for Out-of-State and International Students. Make check or money order payable to: The Graduate School*

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. You must be admitted before you can enroll in any courses. Please note the departmental application deadline of March 1st. The Ph.D. Admissions Committee admits students only once per annum.