



Application for Graduate Admission

Please select the type of Admission that you are seeking:

- Regular Admission Special Admission Readmission

INSTRUCTIONS: Complete and return this application and all other required information to: Mississippi Valley State University, Office of Admissions and Recruitment, MVSU 7222, 14000 Hwy. 82 West, Itta Bena, MS 38941-1400.

Please type or print in blue or black ink. For more information contact the Office of Graduate Admissions and Recruitment at (662-254-3439). A personal statement of at least 2 pages, typed and double spaced must be submitted with your application.

SECTION I

Name: Last First MI Student ID# or SS#:

Other Name(s) in which transcript may be listed: Last First MI

Present Address: Street, P.O. Box, Route

City: State: Zip: Phone Number:

Check this box if address below is the same as above.

Permanent Address: Street, P.O. Box, Route

City: State: Zip: Phone Number:

E-mail: MVSU E-mail:

Country: State of Residence: County:

**SECTION II

Table with 5 columns: Colleges Attended (Most Recent First), Dates Attended, Total Semester Hours, Cum. GPA, Degrees Granted

*Gender: Male Female Race: Marital Status: Date of Birth:

* This information is used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions; however, an answer would be appreciated.

When do you plan to enroll in graduate school? Fall 20____ Spring 20____ Summer-1____ Summer-2____
 Have you had your transcripts from former institutions sent to MVSU? YES NO
 Have you had your immunization records sent to MVSU? (For non-MVSU undergraduate students) YES NO
 Are you a former MVSU student? YES NO If yes, what year did you attend/graduate? _____
 Are you presently on suspension from another college or university? YES NO
 If yes, specify: Academic Suspension Disciplinary Suspension
 Do you plan to attend: Full Time Part Time *Special Admission - Maximum of nine (9) hours to be taken
 *Upon completing nine hours, requirements for regular admission to a graduate program will have to be met to continue.

SECTION III

PLEASE CHECK PROGRAM OF INTEREST

- | | |
|---|--|
| <input type="checkbox"/> Master of Arts in Convergent Media | <input type="checkbox"/> Master of Science in Environmental Health |
| <input type="checkbox"/> Master of Arts in Rural Public Policy and Planning | <input type="checkbox"/> Master of Science in Sport Administration |
| <input type="checkbox"/> Master of Arts in Teaching | <input type="checkbox"/> Master of Social Work |
| <input type="checkbox"/> Master of Business Administration | <input type="checkbox"/> Non-Degree/Special Student Status (9hrs.) |
| <input type="checkbox"/> Master of Science in Bioinformatics | |
| <input type="checkbox"/> Master of Science in Criminal Justice | |

TYPE OF ENTRANCE EXAMINATION

GRE Date taken: _____ Score: _____ (Environmental Health Requirement)
PRAXIS I Date taken: _____ Score: _____ (Education Department Requirement)
PRAXIS II Date taken: _____ Score: _____ (Education Department Requirement)
TOEFL Date taken: _____ Score: _____ (International Student Requirement)

INTERNATIONAL APPLICANTS

Nation of Citizenship: _____
 Which type of visa do you have or expect to receive?
 () Permanent Resident () Student () Diplomatic [A] () Tourist [B] () Other, please specify: _____

RECOMMENDATIONS

List three persons who are qualified to attest to your academic and/or professional abilities and character and ask them to submit a letter of recommendation. You may include the letters with this application.

1. _____ Relation: () Employer () Professor
2. _____ Relation: () Employer () Professor
3. _____ Relation: () Employer () Professor

I hereby apply for admission to Mississippi Valley State University. I agree to abide by the University's rules and regulations. I also declare that the information on this application is complete and accurate. Falsification of information on this form is grounds for automatic dismissal from the University.

Applicant's Signature: _____ Date: _____

----- - For Office Use Only - -----

- Full Admission Denied Admission Special Admission

Approved By: _____ Date of Decision: _____

LETTER OF RECOMMENDATION FORM

Applicant: Please complete the information below before giving this form to each person completing your recommendation letter.

Name of Applicant: Mr. () Ms. () Mrs. ()

Name: _____
Last
First
Middle

Social Security No. _____ Date of Birth: _____

Major you wish to study: _____

Semester you wish to enter: () Fall _____ () Spring _____ () Summer - I _____ () Summer - II _____

Waiver of Access: I agree that this recommendation will remain confidential.

Signature of Applicant (Optional): _____ Date: _____

*** Note to Student: Please have person making recommendation to fill out the following information and do a letter of recommendation to accompany this form* (Student is not authorized to fill out the information below)**

The letter of recommendation should display the following:

- * How well do you know the applicant?
- * How long have you known the applicant and in what capacity?
- * Your assessment of the applicant's qualifications to do graduate work in his/her field.

Please complete the following

	Exceptional	Above Average	Average	Below Average
Intellectual Ability				
Writing Ability				
Speaking Ability				
Knowledge of Proposed Area of Study				
Motivation				
Emotional Stability				
Ability to Work Independently				
Teaching Ability				

	Master's Program
I would strongly recommend for	
I would recommend for	
I would recommend with reservation for	
I would not recommend for	

Signature _____ Date _____ Institution _____

Name (Please print or type) _____ Title _____

Address _____ Contact No. _____

