



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/documents 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(s) 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. Contains 6 empty rows for data entry.

*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 permitted.

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

REQUIRED ENTRANCE EXAMINATION

GRE Date taken:_____ Score:_____ (NSEH Department Requirement)
PRAXIS CORE 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 the names and phone numbers of three persons who are qualified to attest to your academic and/or professional abilities and character. Please ask them to submit reference letter in a sealed envelope. 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: _____

