



Application for Graduate Admission

Please select the type of Admission that you are seeking:

- Regular Admission Conditional Admission Readmission

INSTRUCTIONS: Please submit three (3) letters of professional recommendation from persons qualified to certify as to your academic and/or professional abilities in sealed envelopes. Please do not submit damaged applications, letters of recommendation or transcripts. Transcripts are considered official only if they are delivered sealed by an accredited institution. If you did not receive your undergraduate degree from MVSU, please submit a legible copy of your Immunization Records.

Please 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. If you are seeking a Masters in the Education field of study, please submit with this application your PRAXIS CORE & II Scores and a copy of your license.

Please type or print in blue or black ink. For more information contact the Office of Admissions and Recruitment at (662-254-3347).

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:

*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.

**SECTION II

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

**Please use correct information.

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

TYPE OF ENTRANCE EXAMINATION

GRE Date taken: _____ Score: _____ *(Criminal Justice & Environmental Health Requirement)

PRAXIS CORE Date taken: _____ Score: _____ *(Education Department Requirement)

PRAXIS II Date taken: _____ Score: _____ *(Education Department Requirement)

TOEFL Date taken: _____ Score: _____ *(International Student Requirement)

NTE Date taken: _____ Score: _____ *(Contact our Education Department for clarity)

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: _____

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 Conditional Admission

Approved By: _____

Date of Decision: _____

LETTER OF RECOMMENDATION FORM

Applicant: In order for your application to be processed, you must provide the information requested below before giving this form to the person recommending you.

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. _____

