

Application for Admission to Graduate Study

ST. CLOUD STATE UNIVERSITY

SCHOOL OF GRADUATE STUDIES

Please type or print legibly!

Name _____
Last First Middle Previous

1. **Present Address** _____
Number & Street Apt. #

_____ City State Zip

Home Number _____ Cell Phone _____
(Area Code) (Area Code)

E-mail _____

2. **Permanent Address** _____
(if different than present address) Number & Street City State Zip Country

Permanent Phone Number _____ E-mail _____
(Area Code)

3. **Citizen of United States**
Resident of which state _____

Resident Alien of United States
Resident of which state _____

International Student
Citizen of which country _____

SSN _____
Voluntary for ID purposes only

SCSU Tech ID _____
If a previous SCSU student

4. **Undergraduate degree earned** BA BS BES Other _____ Date of graduation _____
Month/Year

5. **Proposed graduate program** (complete only one of the following lines and indicate your emphasis or track if known)

Master of Arts (M.A.) _____
Program Emphasis or Track

Master of Business Administration (MBA) *Select one:* St. Cloud program Maple Grove program

Master of Engineering Management (MEM) *Select one:* St. Cloud program St. Paul program

Master of Music (M.M.) _____
Emphasis

Master of Science (M.S.) _____
Program Emphasis or Track

Master of Social Work (M.S.W)

Specialist Degree _____
Emphasis

Doctoral Degree _____
Program

6. **Plans for Graduate Study**

I intend to begin my graduate study Fall Semester Spring Semester Summer term Year _____

I plan to attend full-time part-time Online Program

7. Undergraduate Education

Please list **all** institutions at which undergraduate credits were taken. Attach an additional sheet if necessary.

	Name of Institution	Major	Dates Attended	Degree or credits Completed	Graduation Date
Undergraduate College	_____	_____	_____ to _____ Mo./Yr. Mo./Yr.	_____	_____
Undergraduate College	_____	_____	_____ to _____ Mo./Yr. Mo./Yr.	_____	_____
Undergraduate College	_____	_____	_____ to _____ Mo./Yr. Mo./Yr.	_____	_____
Undergraduate College	_____	_____	_____ to _____ Mo./Yr. Mo./Yr.	_____	_____

If your undergraduate degree is not completed, please note your expected graduation date. _____
Month/Year

8. Graduate Education

Please list **all** institutions at which graduate credits were taken.

	Name of Institution	Major	Dates Attended	Degree or credits Completed	Graduation Date
Graduate School	_____	_____	_____ to _____ Mo./Yr. Mo./Yr.	_____	_____
Graduate School	_____	_____	_____ to _____ Mo./Yr. Mo./Yr.	_____	_____

Credits beyond highest degree _____ / _____
Quarter Semester Institution

9. Work Experience—List most recent first

Employer	Position	City/State	Dates Employed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Volunteer Experience—Please list recent volunteer experiences especially if related to the profession.

Name of organization involved	City/State/Country	Position	Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Awards and Research—Please list recent research projects, professional conferences, scholarships, awards, and honors you have received or in which you have participated.

Award/Research/Conference	Presented by	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. Entrance Examinations

The required entrance examinations are:

- Graduate Management Admission Test (GMAT) for the MBA.
- Graduate Record Examination–General Test (GRE) for all other master’s programs, the specialist degree and doctoral degree.
- Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) for international students applying for all master’s programs, the specialist degree and doctoral degree.

MBA applicants.

I completed the GMAT on _____ OR I have registered to take the GMAT on _____
Date Date

Master’s, Specialist and Doctoral applicants.

I completed the GRE on _____ OR I have registered to take the GRE on _____
Date Date

International Students.

I completed the TOEFL/IELTS on _____ OR
Date

I have registered to take the TOEFL/IELTS on _____
Date

13. Statement of intent in pursuing graduate study

Please submit a statement of intent addressing the following topics. Limit the total statement to two pages unless directed otherwise by the program. We would prefer your statement to be word-processed.

1. Discuss briefly your academic, professional or volunteer background and how it may have led you to your interest in obtaining graduate education.
2. What do you hope to experience or contribute while you are a student at SCSU?
3. Describe your plans or goals after you have received your graduate degree. Explain how your particular graduate program will assist you in reaching those goals.

14. Recommendation Forms

It is your responsibility to distribute three recommendation forms to the people you wish to use as references. We suggest that your recommenders be professional colleagues, supervisors, professors and those who can speak to your ability to be successful in your chosen career field. References from family members will not be accepted.

Please request that the recommendation forms be directly returned to SCSU. Recommendation forms may be mailed or faxed to SCSU.

Mail: School of Graduate Studies
St. Cloud State University
121 Administrative Services
720 Fourth Avenue South
St. Cloud, MN 56301-4498

Fax: 320.308.5371

Your graduate application materials will not be complete nor reviewed by the graduate program until all three recommendation forms have been received as well as the other requested materials.

15. Access to Admission Application File

St. Cloud State University complies with federal and state privacy laws and regulations. Those who may gain access to information in your file are staff and faculty at SCSU who have a need to gain access, and outside organizations and government bodies in limited circumstances as authorized by state or federal law. In addition, you may review your own file. No one else may view your file without your written consent or a subpoena or court order. If you want the University to give information to someone else such as your parent, spouse or other relative, or friend, you must complete and sign this section of the application. This consent will remain in effect for one year from the date you sign unless you advise the University earlier that you want to withdraw your consent. If you give someone else access to your file to access your GPA, GRE/GMAT, that person may be able to help us process your application.

I authorize the following persons to receive information in my St. Cloud State University application file.

Yes No

First Name	Last Name	Relation to me	
House/Apartment Number, Street, P.O. Box/Rural Route			
City	State/Province	Country	Zip/Postal Code

16. Signature Required by All Applicants

I certify that the information I have provided on this application and on all other admission application materials is complete and correct to the best of my knowledge. I understand that I am responsible for the forwarding of official transcripts or if needed an international transcript evaluation from schools I have attended, and that such transcripts become the property of SCSU and will not be returned. I understand that falsification of my records may be cause for SCSU to void either my admission or registration or take other appropriate action.

Applicant's signature _____ Date _____

All application materials should be sent to: **School of Graduate Studies**

St. Cloud State University
121 Administrative Services
720 Fourth Avenue South
St. Cloud, MN 56301-4498

for office use only

Application fee paid Yes No

Date received _____

Revised 2/2011
PS927

*St. Cloud State University values diversity of all kinds, including but not limited to race, religion and ethnicity.
TTY: 1-800-627-3529 St. Cloud State University is an affirmative action/equal opportunity educator and employer.
This material can be made available in an alternative format. Contact the department listed in this publication.*

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