## CALIFORNIA STATE UNIVERSITY, FRESNO

Department of Political Science Master of Public Administration Fresno, CA 93740-8029 (559)278-2988 APPLICATION FOR ADMISSION
Master of Public Administration Program
Date

Fax No. 559-278-5230

Application information is considered **CONFIDENTIAL**. Use of this material is restricted to the Master of Public Administration Program, California State University, Fresno. (*Please print or type, use additional 8-1/2 x 11 sheets as necessary*).

## **IMPORTANT ADMISSION REQUIREMENTS:**

## **University Requirements:**

- Complete the online university admission application Cal State Apply.
- Pay the university application fee
- ONE set of official transcripts must be submitted to California State University, Fresno Graduate Admissions
- Take the GRE Exam

## **Program Requirements:**

- Complete Program Application Form
- Statement of Purpose: Please attach a typewritten statement of no more than 500 words explaining your reasons for wanting to pursue the MPA degree and what benefits you expect to derive from your studies.
- Two letters of recommendation should also be included.
- Send this Material to: Master of Public Administration, Political Science Department, California State University, Fresno, 2225 E. San Ramon, MCF 244 M/S MF 19, Fresno, CA 93740-8029

| Semester and ye   | ar applyi   | ng for: Fall |        | Spring |        |          |       |
|---|-------------|--------------|--------|--------|--------|----------|-------|
| Have you previously applied for graduate study in the Master of Public Administration Program? No Yes |             |              |        |        |        |          |       |
| If yes, when? Fa  | all         | Spring       |        |        |        |          |       |
| Name  |             |              |        |        |        |          |       |
|   | Last        |              | First  |        | Middle |          |       |
| Home Address  |             |              |        |        |        |          |       |
|   | No.         | St.          | Apt. # | City   | State  | Zip Code | Phone |
| Employer – Nam  | e           |              |        |        |        |          |       |
| Employer – Address  |             |              |        |        |        |          |       |
| Length of Time with Current Employer  |             |              |        |        |        |          |       |
| Professional/Personal E-Mail Address  |             |              |        |        |        |          |       |
| Baccalaureate D   | egree in:   |              |        |        | From:  |          |       |
| When:   |             |              |        |        |        |          |       |
| Other Degrees h   | eld:        |              |        |        | From:  |          |       |
| When:   | <del></del> |              |        |        |        |          |       |