

A nonrefundable application fee of \$50 (US funds) in the form of a check or money order payable to The Evergreen State College must accompany this form. Forward all materials to: **Admissions Office, The Evergreen State College, Olympia, WA 98505-0002.**

We begin accepting applications on September 1 for admission the following fall. Admission decisions will be made after the priority deadline of February 15. Applications received after that date will be considered as long as there is space available. Your file must be complete before your application can be considered. International applicants must contact Admissions regarding additional requirements

INTEREST AREAS/AREAS OF CONCENTRATION (Select only one.)

- Public & Nonprofit Administration Public Policy Tribal Governance

Have you ever applied for admission to Evergreen? No Yes Year/Term _____

Have you previously attended Evergreen? No Yes Year/Term _____

If yes, please note that current and former Evergreen students must request their Evergreen transcript from the Office of Registration and Records. There is a \$10 copying fee for this service payable by check to The Evergreen State College.

Are you currently attending school? No Yes Year/Term _____

Baccalaureate degree earned/expected from _____
Name of Institution _____ Major _____

When will you finish your current course work or program (mo/yr)? _____ Grade point average for your last 90 quarter credits _____

How did you hear of the Evergreen Master of Public Administration program? MPA Web site, other Web site, please specify _____
 Peterson's Guide Career/Graduate Fair
 Information Session Evergreen staff, student or faculty Other, please specify _____

PERSONAL DATA

Social Security Number _____ Evergreen ID# _____

By law, providing your Social Security Number is optional, but it speeds up the processing of your admission and financial aid applications. It may also be used for educational research purposes. Releasing student information will be in accordance with all appropriate state and federal laws. Institutions using the SSN as the student ID will assign alternate numbers upon request.

Female Male

Legal Name _____
Last First Middle Jr., etc.

Former Name(s): _____
Last First Middle Jr., etc.

Mailing Address _____ Apt. _____
City _____ State _____ Zip _____

All admissions correspondence will be sent to the mailing address. Notify the Office of Admissions two weeks prior to a change of mailing address.

Permanent Address _____

Phone (_____) _____ Alternate Number (_____) _____

E-Mail Address _____

Date of Birth _____ Birthplace _____
Month/Day/Year City State Country if other than U.S.

Are you a resident of Washington state? No Yes:* from _____ to _____
Month/Day/Year Month/Day/Year * If yes, you must include dates of your most recent continuous residence in Washington.

Yes No U.S. citizen? If no, please list country and visa type _____

Yes No Are you a U.S. military veteran? Active duty (mo/yr _____) Separation date (mo/yr _____)

ACADEMIC HISTORY

List all universities, colleges and community colleges attended in order of attendance (no exceptions). Please add separate sheet if needed.

Institution	City/State	Dates Attended (mo/yr)	Degrees/Majors/Focus
_____	_____	From _____ to _____	_____
_____	_____	From _____ to _____	_____
_____	_____	From _____ to _____	_____
_____	_____	From _____ to _____	_____
_____	_____	From _____ to _____	_____

Have you taken a statistics course in the past five years? No Yes _____
(if yes, indicate dates mo/yr and institution)

ETHNIC AND RACIAL INFORMATION (Optional)

Are you Spanish/Hispanic/Latino?
(Mark the "No" box if not Spanish/Hispanic/Latino)

- No, not Spanish/Hispanic/Latino
- Yes, Cuban
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino
- Other _____
Please specify

If you are Asian or Pacific Islander
(Mark one to indicate your racial background.)

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian _____
Please specify
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander _____
Please specify

What is your race? (Mark one or more to indicate your racial background.)

- White/Caucasian
- Black/African American
- American Indian or Alaska Native _____
Please print name of enrolled or principal tribe

PLEASE ENSURE THAT YOUR APPLICATION INCLUDES THE FOLLOWING:

- A chronological résumé listing all positions in the past 10 years. Emphasize how each position relates to your proposed graduate work and any duties that you feel might satisfy the public sector internship requirement. Include any significant public and community activities. Limit your résumé to two pages.
- An essay of no more than three double-spaced pages explaining why you want to pursue graduate work in public administration at Evergreen.
- An essay of no more than five double-spaced pages on a public policy issue of interest to you.
- Two letters of reference that speak directly to your potential and ability to pursue and complete graduate level work.**
- Official transcripts from each and every college or university attended (including Evergreen; please make transcript request through Registration and Records), regardless of credit earned, the nature of course work or whether you received a degree.**
** Reference providers and schools may send these documents directly to Admissions at the address listed at the bottom of this form.
- Application fee of \$50 payable to The Evergreen State College.

† In signing this form, I understand that failure to submit complete official transcripts from all schools, colleges or universities attended may result in denial of this application or my subsequent dismissal from this institution. I certify that, to the best of my knowledge, all statements I have made are complete and true. I hereby give permission to release appropriate information (e.g., test scores and academic records) requested by The Evergreen State College. I understand that my application is incomplete without my signature below.

Print Name _____ Signature _____ Date _____

ADDITIONAL INFORMATION FOR COMPLETING GRADUATE SCHOOL APPLICATION FORM

1. Persons with disabilities requiring accommodation or assistance in the application process may contact Access Services for Students with Disabilities at (360) 867-6348, or (360) 867-6834 TTY. This publication will be made available in alternate formats upon request. These phone numbers may be accessed through the Washington State TDD Relay Service at (800) 833-6388.
2. The Evergreen State College subscribes to the principles and laws of the state of Washington and the federal government, including applicable executive orders pertaining to civil rights. Evergreen is committed to the policy that all persons shall have equal access to programs and facilities without regard to age, color, creed, marital status, national or ethnic origin, physical handicap, race, religion, gender or sexual orientation.
3. Be sure to make copies of your application materials before submitting them. Application materials become the property of The Evergreen State College and cannot be returned, forwarded or copied after we receive them.

Forward all materials to: **Admissions Office, The Evergreen State College, 2700 Evergreen Pkwy NW, Olympia, WA 98505-0002.**