

Application for Master of Science in Liberal Studies

Graduate study may begin in any semester. Please indicate which semester you are applying for:

o Fall

Please indicate the area of study to which to you are applying:

o Humanities

Social SciencesNatural Sciences and Mathematics	o Spring o Summer
o Full-time o Part-t	ime
Applications must include:	
 Two letters of recommendat Application fee of \$50 Personal Essay: statement of	goals ay be required. See enclosed page. \$50 application fee (payable to Utica College) to:
Personal Data	
NameLast First	M.I. Sex o M o F
Former Last Name (if applicable)	
Address_	
City County	State Zip
Telephone: Home_	Telephone: Work
E-mail Address	
Social Security Number	Birthdate
Citizenship OUS O Permanent resident OOther	0 Visa type
The Following Item Is Optional:	
How would you describe yourself? O American Indian or Alaskan Native O Asian or Pacific Islander (including Indian subconti O Black (non-Hispanic)	o Hispanic (including Puerto Rican) o White, Anglo Caucasian (non-Hispanic) o Other (Specify)

Educational Experience

Please list the colleges or universities you have attended. List the most recent degree first.

Name of College or University	Year(s)	Academic Major	Degree(s) Received

Work Experience

Please list the jobs you have held in the past seven years. List most recent employer first.

Employer	Business Address City/State/Zip	Approximate Dates of Employment	Position Title	Nature of Work

How did you first hear about graduat O An employer O A m	1 0	College? /ebsite	
A Utica College alumnusA graduate school fair	o A colleague o gradschools.com	Career Services at Utica CollegeOther	
Would you like to receive information	on financial aid?	o Yes o No	

E

Personal Essay	MASTER OF SCIENCE IN LIBERAL STUDIES AT UTICA COLLEGI			
application) reflecting your academic interests	a 250-500 word personal essay (you may attach a copy to this ts and goals. Indicate why you are applying to the Masters in Liberal of study will enable you to pursue your goals.			
	application or giving false information may make me ineligible for admissis in mind, I certify that these statements are correct and complete.			

Please note: Once application materials have been submitted to Utica College, they cannot be returned to the applicant.

signature

date

RECOMMENDATION FORM

MASTER OF SCIENCE IN LIBERAL STUDIES AT UTICA COLLEGE

To the applicant: This form should be given to an individual under whom you have studied or worked and who is able to comment on your qualifications for graduate study. Please complete the upper portion of this side. Have the recommender return this form to you in a sealed envelope, signed across the seal.

Your name						
Social Security Number	<u>-</u>					
Under the provisions of the Family Eco I have retained the right to access the I have waived the right to access this	nis recommend	lation.	Act.			
Applicant's signature				Date	2	
To the recommender: On the next study. Please include an assessment of have worked. Return this recommend that the applicant may be under deadli	how this appl ation to the ap	icant compares oplicant in a sea	to others who led envelope,	om you have ta which you have	ught, or with w	rhom you
Name of Recommender						
Signature						
Address						
Position		_ Organiza	ation			
Daytime Telephone ()	Date					
Relationship to Applicant						
Please give your appraisal of the applicapplying for graduate study whom you		•		ed field of stud	•	on with others Unable to
Intellectual ability	10p 3 °	NCAC 100	NCAC 200	Piladic IIIII	Howest IIIII	ORADIC CO
Analytical ability						
Imagination/creativity						
Organizational ability						
Written communication						
Oral communication						
Ability to solve complex problems						
Initiative						
Persistence/drive						
Ability to work independently						
Computer proficiency						
Computer proficiency						

Narrative description of the applicant's qualifications for graduate study.

RECOMMENDATION FORM

MASTERS OF SCIENCE IN LIBERAL STUDIES AT UTICA COLLEGE

To the applicant: This form should be given to an individual under whom you have studied or worked and who is able to comment on your qualifications for graduate study. Please complete the upper portion of this side. Have the recommender return this form to you in a sealed envelope, signed across the seal.

Your name						
Social Security Number						
Under the provisions of the Family	Education Righ	ts and Privacy	Act.			
o I have retained the right to acces	s this recommen	dation.				
o I have waived the right to access	this recommend	ation.				
Applicant's signature				Date	e	
To the recommender: On the next study. Please include an assessment have worked. Return this recommender that the applicant may be under deal Name of Recommender	of how this app endation to the a adline to provide	licant compares	s to others who aled envelope, adation. Thank	om you have ta which you have you.	nught, or with we signed across	whom you the seal. Note
Address						
Position		_ Organiz	ation			
Daytime Telephone ()		_ Date _				
Relationship to Applicant						
Please give your appraisal of the ap applying for graduate study whom y	*	*		* *		on with others
	Top 3%	Next 10%	Next 20%	Middle Third	Lowest Third	Unable to

Intellectual ability
Analytical ability
Imagination/creativity
Organizational ability
Written communication
Oral communication
Ability to solve complex problems
Initiative
Persistence/drive
Ability to work independently
Computer proficiency

10p 30	NCAC 108	NCAC 208	riidaic iiiiid	Lowest IIIIa	ORABIC CO

Narrative description of the applicant's qualifications for graduate study.						