



Application for Admission to a Master of Science Degree

GRADUATE PROGRAM APPLICATION PROCEDURE

To be considered for admission to Granite State College's Master of Science Degree, please provide the following materials.

1. Completed application form.

2. Submit:

- Official transcripts of all previous college work (with translation and evaluation if completed outside of the United States) sent directly to the Office of Graduate Studies, by the Registrar of the colleges or universities attended. Students should have earned a Bachelor's degree with a 3.0 GPA on the last 60 credit hours, or a 3.0 GPA at the graduate level, from a regionally accredited college or university.
- Two letters of professional or academic reference. In lieu of a letter, your referee(s) may submit a completed recommendation form.
- 500-1000 word statement which includes professional goals and aspirations, motivation for applying for the degree, and relevant formal or informal experiences (included on application)
- Current Resume.
- \$45 application fee with application.

Please submit your materials to the Office of Graduate Studies, **Granite State College, 8 Old Suncook Road, Concord, NH 03301** or fax to: **603.513.1387**. Any questions can be directed to the Office of Graduate Studies at 1.888.472.2442 or to 1.603.513.1334.

GENERAL INFORMATION

Full Name _____ Date of Birth _____
Last First Middle

Former Name (s) _____ Social Security Number _____

Home Address _____

Mailing Address _____
Street City State Zip

Telephone _____ E-mail _____

Are you a New Hampshire resident? Yes No

Are you a U.S. Citizen? Yes No

STATISTICAL INFORMATION

As an affirmative action and equal opportunity institution, Granite State College is required by law to request statistical data on the composition of its student body. (However, your responses are kept confidential and are optional).

Gender: Male Female

Are you Hispanic or Latino? Yes No

Please indicate your race by selecting one or more of the following:

- White Black or African American Asian
 American Indian or Native American Native Hawaiian or other Pacific Islander

CHOOSE PROGRAM Master of Science Degree in Project Management Master of Science Degree in Leadership

ENTERING DATE FOR GRADUATE PROGRAM Fall Winter Spring Summer 2012 2013 2014

PREFERRED CAMPUS Manchester Nashua Portsmouth Online

The information supplied by me in this application is true and correct to the best of my knowledge. I understand that misrepresentation may be cause for denial of admission.

Signature _____ Date _____



Graduate Recommendation

TO BE COMPLETED BY APPLICANT

Full Name _____ Date _____

The Family Education Rights and Privacy Act of 1974, as amended, and College guidelines entitle the graduate student to have access to letters of evaluation in their permanent record file. The applicant may, but need not, waive this right of access to letters of evaluation, in which case letters of evaluation will be considered confidential and will not be available to the student in certain circumstances. I do ___ do not ___ wish to waive my right of access to this letter of recommendation as conferred by the Family Education Rights and Privacy Act of 1974.

Signature of Applicant _____

TO THE EVALUATOR

We value your appraisal of this applicant's abilities and potential. Please complete this form, sign below and enclose it in an envelope. Please seal the envelope and return it to the applicant.

We would greatly appreciate a brief, frank estimate of the applicant's ability. We are interested in such factors as ability to do analytical thinking, willingness to work, initiative, independence of thought, and ability to get along with others. If you would like, you may attach a separate letter.

Please rate the applicant with other students or employees whom you have known in recent years.

	Top 5%	Top 10%	Top 25%	Top 50%	Lowest 50%	Unable to Judge
Academic Performance						
Intellectual Potential						
Motivation						
Emotional Maturity						
Written Expression						
Oral Expression						
Overall Evaluation						

Signature of Evaluator _____ Date _____

Name _____

Position _____ Organization _____

Address _____