

# SOUTHWEST

MINNESOTA STATE UNIVERSITY

Please indicate the semester in which graduate work will begin:

Fall, 20\_\_\_\_   
  Spring, 20\_\_\_\_   
  SSI, 20\_\_\_\_   
  SSII, 20\_\_\_\_

**S T U D E N T   I N F O R M A T I O N**

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Social Security Number\* \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Name \_\_\_\_\_

Last Name
First Name
Middle

Permanent Address \_\_\_\_\_

Street Address or P.O. Box
City
State
Zip

Present Address \_\_\_\_\_

Street Address or P.O. Box
City
State
Zip

Home Telephone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_   
 Work \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_   
 Cell \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

E-mail (Home)\_\_\_\_\_ (Work)\_\_\_\_\_

State of Residency\_\_\_\_\_ If Minnesota, how long have you lived here? (Years/Months) \_\_\_\_\_

County of Residency\_\_\_\_\_ Occupation\_\_\_\_\_ Employer\_\_\_\_\_

Are you a U.S. Citizen:  Yes  No If not, what type of visa do you hold?\_\_\_\_\_

Are you a graduate of SMSU?  Yes  No If yes, transcripts are not required for this application.

\* Many colleges/universities use Social Security numbers for student identification purposes on student records. Providing your Social Security number is voluntary. If you do not provide it, your application will still be processed. This data is requested for purposes of administration, program evaluation, and consumer and alumni data. Your number also may be used to create summary information about MnSCU programs through data matches with other state agencies.

**E D U C A T I O N A L   I N F O R M A T I O N**

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A Bachelor's degree from an accredited institution is prerequisite for pursuing graduate work at SMSU. Official transcripts of all academic work from each institution must be submitted for full admission to a graduate program.

University Granting Bachelor's Degree\_\_\_\_\_

Degree Granted: (B.A./B.S. etc.)\_\_\_\_\_ Date Granted (DD/MM/YY)\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Major(s)/Minor(s)\_\_\_\_\_

Other Institutions Attended\_\_\_\_\_

Note: All transcripts from prior institutions are required at the time of application submission.

Have you earned graduate credit at another institution?  Yes  No

If yes, where\_\_\_\_\_

**PROFESSIONAL INFORMATION**

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Do you plan to earn a master’s degree from Southwest Minnesota State? \_\_\_\_ Yes \_\_\_\_ No

Do you plan to transfer graduate credits to SMSU from another university? \_\_\_\_ Yes \_\_\_\_ No

**PROGRAM INFORMATION**

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**BUSINESS PROGRAM:**

\_\_\_\_ **Master of Business Administration**

\_\_\_\_ **MBA On-campus** \_\_\_\_ **MBA Off-campus (Site Location: \_\_\_\_\_)**

Standardized Admission Test(s): *Accepted tests: GRE, MAT, GMAT*

Name of Test Taken: \_\_\_\_\_ Date Taken (DD/MM/YY): \_\_\_\_\_ Score: \_\_\_\_\_

Name of Test Taken: \_\_\_\_\_ Date Taken (DD/MM/YY): \_\_\_\_\_ Score: \_\_\_\_\_

**EDUCATION PROGRAMS:**

\_\_\_\_ **Licensure Only Program you plan to complete:**

\_\_\_\_ Reading

\_\_\_\_ Developmental Disabilities (DD/DCD)

\_\_\_\_ Early Childhood Special Ed (ECSE)

\_\_\_\_ Emotional Behavioral Disorders (EBD)

\_\_\_\_ Learning Disabilities (LD)

\_\_\_\_ **Master of Education, On-campus**

\_\_\_\_ *Education with emphasis in:*

\_\_\_\_ Curriculum and Instruction

\_\_\_\_ Reading

\_\_\_\_ Sports Leadership:

\_\_\_\_ Coaching and Teaching

\_\_\_\_ Leadership and Management

\_\_\_\_ Sales and Marketing

\_\_\_\_ *Special Education with Licensure options:*

\_\_\_\_ Developmental Disabilities (DD/DCD)

\_\_\_\_ Early Childhood Special Ed (ECSE)

\_\_\_\_ Emotional Behavioral Disorders (EBD)

\_\_\_\_ Learning Disabilities (LD)

\_\_\_\_ **Master of Education, Off-campus Learning Communities (Site Location: \_\_\_\_\_)**

\_\_\_\_ *Education with emphasis in Leadership*

\_\_\_\_ *Special Education with Licensure options:*

\_\_\_\_ Developmental Disabilities (DD/DCD)

\_\_\_\_ Early Childhood Special Ed (ECSE)

\_\_\_\_ Emotional Behavioral Disorders (EBD)

\_\_\_\_ Learning Disabilities (LD)

**Teaching Licensure Area(s)\*:** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

**\* NOTE: Reading and Special Education programs require teaching licensure prior to admission.**

*I certify that the information I have provided on this application and in all other admission materials is complete, accurate, and true to the best of my knowledge. I understand that misrepresentation of application information is sufficient grounds for cancellation of admission to the University.*

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date

Please return this application form, along with your \$20 non-refundable application fee to:

**THE OFFICE OF GRADUATE ADMISSION, SOUTHWEST MINNESOTA STATE UNIVERSITY  
1501 STATE STREET, IL 148, MARSHALL, MN 56258**