

**FLORIDA GULF COAST UNIVERSITY**  
**College of Arts and Sciences**  
**Department of Political Science and Public Administration**

**Master of Public Administration (MPA) Program Application Guidelines**

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Admission to the Master of Public Administration (MPA) Program is based on a combination of past academic performance, letters of recommendation, scores on either the Graduate Record Examination (GRE) or the Miller Analogy Test (MAT), and a statement of career goals. Please consult the Master of Public Administration Admissions Information webpage at <http://www.fgcu.edu/CAS/PAMPA/admissions.asp> for a full list of admission criteria.

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**Instructions:** The following guidelines are designed to assist you in developing a complete application file. Please note that a student's application file must contain all items listed below before it can be processed, and that all required items must be received by the **FGCU Office of Graduate Studies** by the MPA program's deadline dates listed at <http://www.fgcu.edu/CAS/PAMPA/admissions.asp>.

<b>Required Application Materials</b>
1. A completed <b>FGCU Graduate Application</b> . (access at <a href="http://www.fgcu.edu/Graduate/index.html">http://www.fgcu.edu/Graduate/index.html</a> ).
2. One <b>official transcript</b> from each baccalaureate and/or graduate institution attended.
3. One official copy of test scores from either the <b>Graduate Record Examination (GRE)</b> or the <b>Miller Analogy Test (MAT)</b> taken within the last five years.
4. A completed <b>MPA Supplemental Application Form</b> (see pages 2 – 3 of this document).
5. Three completed MPA Reference Rating Forms/Letters of Recommendation (see pages 4 – 9 of this document).
6. An <b>Immunization History Form</b> (access at <a href="http://www.fgcu.edu/studenthealth/immunizations.html">http://www.fgcu.edu/studenthealth/immunizations.html</a> ).
7. A <b>Letter of Application/Statement of Career Goals</b> , no more than two pages in length, that briefly discusses any or all of the following: the influences that led you to select FGCU's MPA Program, your career goals, relevant work and/or academic experience, and volunteer activity in the community.

# Florida Gulf Coast University

Return to:

Florida Gulf Coast University  
Office of Graduate Studies  
10501 FGCU Boulevard South  
Fort Myers, FL 33965-6565

**Department of Political Science and Public Administration**

## MPA SUPPLEMENTAL APPLICATION FORM

APPLICATION SEMESTER

Fall            20\_\_  
 Spring           20\_\_

This MPA Supplemental Application Form supplements but does not replace the formal application for admission to graduate study at FGCU. It must be completed by students applying to the Master of Public Administration (MPA) degree program.

**Instructions.** Please complete each item of the application (PLEASE **print or type**). Applicants should also enclose any other attachments or supplemental information with the application: *Letter of Application/Statement of Career Goals; Completed MPA Reference Rating Forms; Resume; and any other information* that the applicant would like to be considered in admission decisions. This packet of information should accompany the application or must be returned to the above address.

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### BIOGRAPHICAL INFORMATION

_____	_____	_____	_____
Last Name	First Name	M.I.	Social Security Number
_____		_____	_____
Mailing Address		City	State            Zip Code
_____		_____	_____
Permanent Address (if different from Mailing Address)		City	State            Zip Code
_____		_____	_____
(_____) _____	(_____) _____	_____	
Home Phone	Work Phone	e-mail address	

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### MPA CONCENTRATION (SELECT ONE)

- Public Leadership and Management  
 Environmental Policy and Planning

Full-time Enrollment             Part-time Enrollment ( \_\_\_\_ hours per semester)  
no.

### EMPLOYMENT RECORD

List employer's name, position and brief description of duties in the job that you are *presently employed*

				Dates of Employment	
				From	To
Position	Employer Name	Description of Duties	Supervisor	Mo./Yr.	Mo./Yr.

List employer's name, position and brief description of duties in the job that you were *previously employed*.

				Dates of Employment	
				From	To
Position	Employer Name	Brief Description of Duties	Supervisor	Mo./Yr.	Mo./Yr.

*(Attach a separate sheet and/or your current resume if necessary.)*

### CERTIFICATION

I certify that all of the information provided on this application is true and correct to the best of my knowledge. I also pledge on my honor that the Letter of Application/Statement of Career Goals was written solely by me in accordance with this certification statement. I acknowledge that any misrepresentation of information will nullify my application for admission, and if enrolled, will result in disciplinary action and may include dismissal from the College of Arts and Science, Department of Political Science and Public Administration, or the University.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*The FGCU College of Arts and Sciences' Master of Public Administration (MPA) program encourages applications from all qualified students regardless of color, race, religion, national origin, gender, disability, or marital status.*

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**MPA REFERENCE RATING FOR GRADUATE STUDY**

\_\_\_\_\_  
 APPLICANT NAME (Print or Type) PROGRAM OF STUDY

To the applicant:

**Under the Family Education Rights to Privacy Act of 1974 as amended, applicants have the right to access this evaluation/recommendation form unless they choose to waive this right freely and voluntarily.**

I have read the information above and I hereby

waive any and all access rights to this evaluation and agree that the statement shall remain confidential.

do not waive my right to access this evaluation form and agree that I have the right to read this evaluation form.

\_\_\_\_\_  
 Applicant Signature Date

**Instructions. The individual named above has submitted an application for admission to the Master of Public Administration Program and has identified you as a possible reference. We would appreciate your assistance in our selection process by completing and returning this evaluation form to the above address.**

Relationship to the Applicant

- Academic Advisor  Employer/Supervisor  
 Professor  Other \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

*Please rate the applicant on qualities that you feel you can judge and provide brief comments supporting your ratings.*

(Attach a separate sheet if necessary and/or submit an attached letter of reference)

(4 - Outstanding; 3 - Above Satisfactory; 2 - Satisfactory; 1 - Below Satisfactory; 0 - Not Observed)						
	4	3	2	1	0	NARRATIVE
ANALYTICAL/CONCEPTUAL SKILLS						
COMMUNICATION SKILLS						
A. ORAL						
B. WRITTEN						
ABILITY TO WORK WITH OTHERS						
A. PEERS/COWORKERS						
B. FACULTY/SUPERVISOR						
INITIATIVE/SELF-DIRECTED						

<b>(4 - Outstanding; 3 - Above Satisfactory; 2 - Satisfactory; 1 - Below Satisfactory; 0 - Not Observed)</b>						
	4	3	2	1	0	NARRATIVE
ABILITY TO MAINTAIN COMPOSURE UNDER STRESS						
RESPONSIBILITY						
LEADERSHIP SKILLS						
ORGANIZATION SKILLS						
PERSONAL INTEGRITY						
FLEXIBILITY						
POTENTIAL FOR ACADEMIC SUCCESS						
POTENTIAL FOR PROFESSIONAL SUCCESS						

**RECOMMENDATION**

- I HIGHLY RECOMMEND THIS APPLICANT FOR ADMISSION WITHOUT ANY RESERVATIONS.
- I RECOMMEND THIS APPLICANT FOR ADMISSION.
- I RECOMMEND THIS APPLICANT FOR ADMISSION WITH SOME RESERVATIONS.
- I DO NOT RECOMMEND THIS APPLICANT FOR ADMISSION.

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**

\_\_\_\_\_

Name (Print or Type)

\_\_\_\_\_

Title

\_\_\_\_\_

Address

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip Code

(\_\_\_\_\_) \_\_\_\_\_

Telephone Number

E-mail Address

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Print or Type)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
E-mail Address

### **Special Note for MPA Applicants**

Most of the MPA program's courses are either exclusively or predominantly online courses. However, students who have less than one year of full-time professional work experience in the public or not-for-profit sectors at the time of admission into the program must attend four (4) on-campus professional networking workshops over the course of their MPA program, three of which must be attended within their first year of coursework (12 months). Students who have less than one year of full-time professional work experience in the public or not-for-profit sectors at the time of admission also must complete a 3-credit MPA internship (PAD 6940). The MPA Admissions Committee will determine whether or not an applicant's work experience is sufficient to waive attendance at these on-campus sessions. All students must attend one Saturday session during their final semester, in order to deliver a formal oral presentation as part of their Capstone Seminar (PAD 6961).