



0DVWHU RI 3XEOLF \$GPLQLRWDWLRQ

Applicants for the Master of Public Administration Program must complete this form as a requirement for admission to the program.

)XOO 1DPH DV LW DSSHUV RQ DSSOLFDWLRQ \_\_\_\_\_

/DVW GLJLWV RI VRFLDO \_\_\_\_\_

What do you expect to accomplish by completing this M.P.A. Program? Specifically, what work and/or life experiences have prepared you for this program, and how will completing this program assist you in achieving your career goals? (Use the back of this form if necessary)

Signed \_\_\_\_\_ Date: \_\_\_\_\_

6XEPLW WKLV GRFXPHQW WR  
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Valdosta, GA 31698-0005