

Master of Arts in Liberal Studies, School of Arts & Sciences, Admissions Committee 2000 Clayton State Boulevard, Morrow, GA 30260-0285
Phone: (678) 466-4705 ■ Fax: (678) 466-4899
www.clayton.edu

Application for Master of Arts in Liberal Studies

- 1. Complete the application for Clayton State Graduate Admission and submit to the Office of Graduate Studies
- 2. Type or print clearly and **complete all information** on the Master of Arts in Liberal Studies (MALS) application form.
- 3. Give the **Letter of Recommendation Request forms** to three people who can comment on your potential for success in an academic program.
- 4. Write a **statement of purpose**, a brief autobiographical essay, of no more than two typewritten, single-spaced pages, describing your pertinent personal and professional experience and education as well as your interests and goals in pursuing the MALS degree. Also, if you feel that your college transcripts do not accurately reflect your current abilities, please discuss.
- 5. Mail the completed MALS application and essay to:

Clayton State University Master of Arts in Liberal Studies School of Arts & Sciences Admissions Committee 2000 Clayton State Boulevard Morrow, GA 30260-0285

6. Your failure to provide complete, accurate and truthful information on this application will be grounds to deny or withdraw your admission, or dismiss you after enrollment.

Term entering (circle one)	Fall	Spring	Summer	Year
Social Security Number				
Last Name First Name		Middle Name		Other Last Name(s)
Current Mailing Address	Street		Apt. No.	
City	State	Zip	County	
Home Telephone ()		Work Telephone	()	
Message Telephone () _		E-mail Address		
☐ Male ☐ Female Date of B	irth/	Place of Birth:	City	State
In case of emergency, notify	:			
Name		Relationship		
Street Address Apt. No.	City	State	Zip	Phone Number

from each institution be submitted t Complete Name of College Or	Location: City & State	Did you Graduate?	Dates Attende	d Degree Earned/To B	
University	Location. City & State	Did you Graduate.	From-To	Earned	
Work Experience					
List present or other work experience		position:			
Dates	Organization	Place		Position	
Letters of Recommendation	on				
List three people from whom you h	ave requested letters of recom	mendation.			
Name	1	Title		Organization	
Additional Information					
How did you hear about Clayton St	oto University programs?				
frow the you hear about Clayton St	ate Offiversity programs:				
What other schools are you applyin	g to?				
will be academically honest in all my acad	omic work and will not tolorate acad	lomic dishanesty of others " I u	ndarstand that by sig	ning this Application for Gradua	
dmission, I am subscribing to the above Ho	nor Code. I further attest that all th	e information I have supplied or	n this form is true to	the best of my knowledge, that an	
mission or misrepresentation may invalidate nderstand that if I do not enroll for the term					
me, a new application and fee are required.					
Signature				Date	

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