

Master of Archival Studies

College of Information and Mathematical Sciences
2000 Clayton State Boulevard, Morrow, GA 30260-0285
Phone: (678) 466-4400 ■ Fax: (678) 466-4459
<http://cims.clayton.edu/mas>

Application for Master of Archival Studies

1. Complete the application form and fee for Clayton State University Graduate Admission (<http://graduate.clayton.edu/appinfo.htm>) and submit to the Office of Graduate Studies.
2. Type or print clearly and **complete all information** on the Master of Archival Studies (M.A.S) application form along with a \$25 non-refundable application fee, payable to M.A.S. -Clayton State University.
3. Give the letter of recommendation forms to three people who are able to comment on your potential for success in an academic program. The completed recommendation forms should be placed in sealed envelopes and contain the signature of the person writing the recommendation across the seal.
4. Write a brief essay (no more than one single-spaced page) that describes your educational background, professional experience, specific experience/competence using basic computer technology and applications, and your interest in the Master of Archival Studies program at Clayton State.
5. Mail the completed **MAS application, essay and application fee** to:
MAS Graduate Program Director
College of Information and Mathematical Sciences
Clayton State University
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 _____

Date of Birth ____/____/____ Place of Birth: City _____ State _____

In case of emergency, notify:

Name Relationship

Street Address Apt. No. City State Zip Phone Number

Previous Education				
List ALL colleges/universities you have previously attended or are currently attending. Attach an additional sheet if necessary. Complete disclosure is required of all applicants. Please contact each of your previous colleges and request that official transcripts be sent to the Office of Graduate Studies.				
Complete Name of College Or University	Location: City & State	Did You Graduate? Y/N	Dates Attended From/To	Degree Earned/To be Earned

Work Experience			
List present or other work experience beginning with the most recent position.			
Dates	Organization	Location	Position

Letters of Recommendation		
List three people from whom you have requested letters of recommendation.		
Name	Title	Organization

Additional Information
How did you hear about Clayton State University programs? _____
To which other graduate programs are you applying? _____

“I will be academically honest in all my academic work and will not tolerate academic dishonesty of others.” I understand that by signing this Application for Graduate Admission, I am subscribing to the above Honor Code. I further attest that all the information I have supplied on this form is true to the best of my knowledge, that any omission or misrepresentation may invalidate further consideration, and that I have an obligation to update the information submitted to the University until I enroll. I understand that if I do not enroll for the term indicated, I may update for no more than one subsequent term by contacting the Office of Graduate Studies. After this time, a new application and fee are required.

Signature _____ **Date** _____

Clayton State University does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities. The Director of Human Resources (678) 466-4230 and ADA/504 Compliance Office (678) 466-5445 have been designated to handle inquiries regarding nondiscrimination policies. To obtain this document in an alternative format, call the Office of Diversity and Disability Services @ (678)466-5445 or write to Disability Coordinator, 2000 Clayton State Blvd., Morrow, Georgia 30260.