

Master of Health Administration - Admissions Committee  
 2000 Clayton State Boulevard, Morrow, GA 30260-0285  
 Phone: (678) 466-4979 ■ Fax: (678) 466-4999  
 www.clayton.edu

## Application for Master of Health Administration

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 Health Administration (MHA) 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 (x5 minimum) in pursuing the MHA degree. Also, if you feel that your college transcripts do not accurately reflect your current abilities, please discuss.
5. Mail the completed **MHA application and all other Graduate Studies Application materials, along with essay** to:  
 Clayton State University  
 Office of the Associate Provost  
 Master of Health Administration -- 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 Birth      \_\_\_\_/\_\_\_\_/\_\_\_\_      Place of Birth:      City \_\_\_\_\_      State \_\_\_\_\_

In case of emergency, notify:

Name                                      Relationship

*Street Address*      *Apt. No.*      *City*      *State*      *Zip*      *Phone Number*

Previous Education				
You <b>MUST</b> list <b>ALL</b> colleges / universities you have previously attended or are currently attending. Attach an additional sheet if necessary. Complete disclosure is required of all applicants. You must contact previous colleges and request that two (2) official transcripts from each institution be submitted to the Office of Graduate Admissions by the posted deadline.				
Complete Name of College Or University	Location: City & State	Did you Graduate?	Dates Attended From-To	Degree Earned/To Be Earned

Work Experience			
List present or other work experience beginning with most recent position: <i>This is very important to determine Residency Requirements</i>			
Dates	Organization	Place	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? _____ _____
What other schools are you applying to? _____ _____

"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.*