Supplemental MPPA Program Application
Due December 1 for priority Fall Admission (March 1 for regular admission)

1. Applicant Information
   Name ___________________________________________ Student ID ____________________________
   (input 9 digit number from CSU/Saclink)
   Address ___________________________________________ City ___________ State ___________ Zip _______
   Phone ___________________________ Email ___________________________
   ■ Intended status: ☐ full-time (more than 6 units) or ☐ part-time (6 units or less)
   ■ Intended year of entry (fall only):
   ■ How did you hear about the program? ☐ web search ☐ social media ☐ Capital Public Radio ☐ advertisement
     ☐ friend/colleague ☐ faculty member ☐ other (explain) ___________________________
   ■ Check here if you are a former Capital Fellow. ☐ If so, what year? ___________________________

2. Academic Preparation
   Bachelor's Degree
   Institution __________________________________ Major/Minor __________________________ Date Completed ________
   Grade Point Average
   (cumulative GPA) __________________________ (use for semester or quarter units if necessary)
   Current employment __________________________
   Prerequisites (Use a separate piece of paper if necessary.)
   Government
   Course Title __________________________ Grade ________ Institution __________ Semester Completed ________
   Micro-Economics
   Course Title __________________________ Grade ________ Institution __________ Semester Completed ________

3. Letters of Recommendation
   Please use the Public Policy and Administration recommendation form. At least three letters are required from individuals with knowledge of your academic and professional potential. List them below.
   1. __________________________
   2. __________________________
   3. __________________________

4. Graduate Record Exam
   GRE test date: ___________ Verbal / % Quantitative / % Analytical Writing / %

5. Statement of Purpose
   Please attach a one to two page statement of purpose. Your single spaced statement should address your purpose in pursuing the MPPA. It also serves as a writing sample.
### Application Procedures

#### Application Checklist:

**Required**
- Office of Graduate Studies
  - California State University application ([https://www2.calstate.edu/apply](https://www2.calstate.edu/apply))
  - One set of official transcripts
- Department of Public Policy and Administration
  - Program application
  - Three letters of recommendation and recommendation forms
  - One to two page statement of purpose
  - Graduate Record Exam (GRE) scores ([http://www.ets.org/gre](http://www.ets.org/gre))
  - TOEFL scores (if applicable)

**Optional**
- Curriculum vita or resume

#### Notes to Applicant:
- Submit one set of official transcripts to the Office Graduate Studies; submit all other documents to Public Policy and Administration.
- Your undergraduate degree must be posted **before** you start your first semester in the program.
- You must earn a "B" or better in all prerequisite courses before starting the program.
- Letters of recommendation may be from academic or professional sources, on letterhead with the recommendation form attached. We prefer for at least one letter to be academic.
- GRE scores are valid for five years. Applications will **not** be reviewed without them. The five-year restriction is lifted only if the scores were used for admission to another graduate program, which was subsequently completed. GMAT and LSAT scores may NOT be substituted for the GRE.

#### Frequently Asked Questions

**Q:** Can I transfer coursework completed at another institution?  
**A:** Subject to department approval, a maximum of 6 graduate units completed prior to admission to the MPPA program may be applied this degree. Seven year currency restrictions apply.

**Q:** Must I complete all prerequisites before being admitted to the program?  
**A:** You may apply for admission while completing prerequisites. Statistics is recommended but not required.

**Q:** Can I apply for admission to the program for the spring semester?  
**A:** No. Applications are only accepted for admission to the program for the fall semester due to course schedule sequence.

**Q:** Where do I get information about the GRE?  
**A:** You can get information about the GRE at [http://www.ets.org/gre/](http://www.ets.org/gre/).

#### How to Contact Us

<table>
<thead>
<tr>
<th>Department of Public Policy &amp; Administration</th>
<th>Office of Graduate Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sacramento State 6000 J Street, Mailstop 6081, Sacramento, CA 95819</td>
<td>Sacramento State 6000 J Street, Mailstop 6112, Sacramento, CA 95819</td>
</tr>
<tr>
<td>916/278-6557, fax 916/278-6544 <a href="https://www.csus.edu/college/social-sciences-interdisciplinary-studies/public-policy-administration/">https://www.csus.edu/college/social-sciences-interdisciplinary-studies/public-policy-administration/</a> <a href="mailto:ppa-01@csus.edu">ppa-01@csus.edu</a></td>
<td>916/278-6470 <a href="https://www.csus.edu/graduate-studies/">https://www.csus.edu/graduate-studies/</a></td>
</tr>
</tbody>
</table>

Updated 09/06/2018
Recommendation Form

Notice to Applicant: Please fill in your name and carefully read the paragraph below. Then give this form to an individual with knowledge of your academic and professional potential.

Name of Applicant: ________________________________________________________________

Confidentiality: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, permits enrolled students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance retained letters will be considered confidential and will not typically be available to students. If you wish to waive your right of access to this letter, please indicate by signing on the line below. **By signing below, you agree to waive all right to review the content of this letter of recommendation.**

applicant signature                                      date

Notice to Recommender: We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

As required by the Family Educational Rights Act of 1974, a student may either elect to waive or not to waive the privilege of viewing this recommendation form. If the student has not signed the above waiver, you should consider this form to be non-confidential.

Please complete the information below and attach a letter of recommendation (on office stationary, if available) to this form.

Please check recommendation:  □ Truly Exceptional  □ Strongly Recommend  □ Recommend  □ Recommend with Reservations

Signature of Recommender ____________________________________________________________

Name _________________________________ Date ____________________________

Title _________________________________

Organization _________________________________________________________________

Address _________________________________________________________________

City ___________________________ State ___________ Zip ___________

Phone ___________________________ Email ___________________________

Please return to student in a sealed envelope or mail directly to the department at the above address or email directly to the department ppa-01@csus.edu.
**Recommendation Form**

**Notice to Applicant:** Please fill in your name and carefully read the paragraph below. Then give this form to an individual with knowledge of your academic and professional potential.

**Name of Applicant:** ____________________________________________

**Confidentiality:** The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, permits enrolled students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance retained letters will be considered confidential and will not typically be available to students. If you wish to waive your right of access to this letter, please indicate by signing on the line below. **By signing below, you agree to waive all right to review the content of this letter of recommendation.**

applicant signature ___________________________ date ____________

**Notice to Recommender:** We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

As required by the Family Educational Rights Act of 1974, a student may either elect to waive or not to waive the privilege of viewing this recommendation form. If the student has not signed the above waiver, you should consider this form to be non-confidential.

Please complete the information below and attach a letter of recommendation (on office stationary, if available) to this form.

**Please check recommendation:**
- [ ] Truly Exceptional
- [ ] Strongly Recommend
- [ ] Recommend
- [ ] Recommend with Reservations

Signature of Recommender ____________________________________________ date ____________

Name ____________________________________________________________

Title _____________________________________________________________

Organization ______________________________________________________

Address __________________________________________________________

City __________________________________ State __________ Zip ____________

Phone __________________________ Email ____________________________

Please return to student in a sealed envelope or mail directly to the department at the above address or email directly to the department ppa-01@csus.edu.
Recommendation Form

Notice to Applicant: Please fill in your name and carefully read the paragraph below. Then give this form to an individual with knowledge of your academic and professional potential.

Name of Applicant: ________________________________________________________________

Confidentiality: The Family Education Rights and Privacy Act of 1974 (FERPA), as amended, permits enrolled students access to letters of recommendation retained in their files. The applicant may waive this right of access, in which instance retained letters will be considered confidential and will not typically be available to students. If you wish to waive your right of access to this letter, please indicate by signing on the line below. By signing below, you agree to waive all right to review the content of this letter of recommendation.

applicant signature ___________________________ date ________________

Notice to Recommender: We are very grateful for your time and input. Your assessment of the applicant is crucial to our evaluation of his/her candidacy for admission.

As required by the Family Educational Rights Act of 1974, a student may either elect to waive or not to waive the privilege of viewing this recommendation form. If the student has not signed the above waiver, you should consider this form to be non-confidential.

Please complete the information below and attach a letter of recommendation (on office stationary, if available) to this form.

Please check recommendation:  ☐ Truly Exceptional
☐ Strongly Recommend
☐ Recommend
☐ Recommend with Reservations

Signature of Recommender ___________________________________________ date ________________

Name ___________________________________________ date ________________

Title ___________________________________________ date ________________

Organization ___________________________________________ date ________________

Address ___________________________________________ date ________________

City ___________________________ State ___________________________ Zip ________________

Phone ___________________________ Email ___________________________________________

Please return to student in a sealed envelope or mail directly to the department at the above address or email directly to the department ppa-01@csus.edu.