



<b>DESIRED DEGREE / PROGRAM OF STUDY</b>		
(a) <b>Master of Science in Elementary Education</b> <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Elementary Education <input type="checkbox"/> Reading		
(b) <b>Master of Science in Secondary Education</b> <input type="checkbox"/> Agricultural <input type="checkbox"/> Athletic Administration and Coaching(Teaching) <input type="checkbox"/> Athletic Administration and Coaching(Non-Teaching) <input type="checkbox"/> Biology <input type="checkbox"/> Chemistry <input type="checkbox"/> Clinical Mental Health Counseling <input type="checkbox"/> English <input type="checkbox"/> Mathematics <input type="checkbox"/> Music <input type="checkbox"/> NCAA Compliance and Academic Progress Reporting (APR) Non-Teaching <input type="checkbox"/> School Counseling <input type="checkbox"/> Science <input type="checkbox"/> Social Science <input type="checkbox"/> Special Education <input type="checkbox"/> Special Education (Online)		
(c) <b>Master of Arts in Teaching</b> <input type="checkbox"/> Elementary Education <input type="checkbox"/> Elementary Education (Online) <input type="checkbox"/> Secondary Education <input type="checkbox"/> Secondary Education (Online)	(d) <b>Master of Science in Agriculture</b> <input type="checkbox"/> Agronomy <input type="checkbox"/> Agriculture Economics <input type="checkbox"/> Animal Science <input type="checkbox"/> Agronomy Professional <input type="checkbox"/> Agricultural Extension Education	(e) <b>Master of Science in</b> <input type="checkbox"/> Biology <input type="checkbox"/> Biology (Online) <input type="checkbox"/> Biotechnology <input type="checkbox"/> Computer and Information Science <input type="checkbox"/> Workforce Education Leadership
(f) <b>Master of Science in Applied Science and Technology</b> <input type="checkbox"/> Computer Systems & Network Technology <input type="checkbox"/> Electrical and Electronics Engineering Technology <input type="checkbox"/> Technology Management <input type="checkbox"/> Geospatial Engineering Technology <input type="checkbox"/> Homeland Security Management <input type="checkbox"/> Radiological Health Science		(g) <b>Master of Science in Nursing</b> <input type="checkbox"/> Family Nurse Practitioner <input type="checkbox"/> Nurse Educator <input type="checkbox"/> Post Master Family Nurse Practitioner <input type="checkbox"/> Post Master Nurse Educator
(h) <b>Master of Business Administration in General Business Administration</b> <input type="checkbox"/>	(i) <b>Master of Arts in History</b> <input type="checkbox"/>	(j) <b>Master of Liberal Arts</b> <input type="checkbox"/> Criminal Justice <input type="checkbox"/> English Literature <input type="checkbox"/> History <input type="checkbox"/> Mass Communication <input type="checkbox"/> Music <input type="checkbox"/> Political Science
(k) <b>Specialist in Elementary Education</b> <input type="checkbox"/> Traditional <input type="checkbox"/> Accelerated	(l) <b>Doctor of Nursing Practice</b> <input type="checkbox"/>	(m) <b>Certification Programs</b> <input type="checkbox"/> Gifted Education <input type="checkbox"/> NCAA Compliance and Academic Progress Reporting (APR) Non-Teaching <input type="checkbox"/> Clinical Mental Health Counseling

<b>ATTENDANCE INFORMATION</b>			
Do you plan to earn a degree at Alcorn? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, what is your objective? _____			
Do you plan to attend: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time			
Do you want on-campus housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you interested in applying for an assistantship? <input type="checkbox"/> Yes <input type="checkbox"/> No    (Only full-time students are eligible)			
<b>EDUCATOR LICENSURE</b> Do you hold Teacher Certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Certificate _____ Area of Concentration _____ State _____	<b>NURSING LICENSURE (Nursing major only)</b> Licensure Number _____ Expiration Date _____ Malpractice Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>MILITARY SERVICE</b> Have you served in the United States Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Branch _____ Date Enlisted _____ Date Discharged _____ Selective Service No. _____			
<b>EMPLOYMENT HISTORY</b>			
Current Employer	From	To	
_____	_____	_____	
_____	_____	_____	
<b>REFERENCES</b>			
Ask two persons who know you and your academic qualifications to write letters of recommendation on your behalf or to complete the Recommendation Letter Form. Please list their contact information below.			
Name	Title	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____

**I CERTIFY THAT ALL STATEMENTS IN THIS APPLICATION ARE COMPLETE AND TRUE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_