



APPLICATION FOR MSCJA ADMISSION

MASTER OF SCIENCE IN CRIMINAL JUSTICE ADMINISTRATION

Date submitted: _____

To which program are you applying (check one):

MS in Criminal Justice Administration

- Forensic Science Administration Specialization
- Justice Administration Specialization

When do you wish to begin the program? Year _____ Semester _____

PERSONAL INFORMATION

1. Name _____
Last First Middle/Maiden

2. Social Security Number _____ Female Male

3. Address _____
Street City/State Zip Code

Home Phone () _____ Business Phone () _____ E-mail Address _____

4. Employer Name & Address _____

5. Date of Birth _____ Place of Birth _____ Country of citizenship _____

6. Type of Visa or Permanent Resident Card Number (if not a U.S. Citizen) _____

The following two questions are voluntary-will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

7. Ethnicity Hispanic/Latino Not Hispanic/Latino Decline to Identify

8. Race Check 2 or more if applicable.

- Alaskan Native / American Indian Asian African American / Black
- Native Hawaiian / Pacific Islander Caucasian / White Decline to Identify

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851 Trafalgar Ct., Suite 420 • Maitland, FL 32751 • Phone: 866.789.9809 • Fax: 866.789.5607

EDUCATIONAL BACKGROUND

Beginning with most recent, list in chronological order every college / university you have attended. If a degree is pending, indicate the date on which it will be awarded. You must submit official transcripts from each college or university you have attended.

List other name(s) under which credentials may be received: _____

School Name	Location	Dates Attend	Degree/Year

PROFESSIONAL / WORK EXPERIENCE

Beginning with most recent, list in chronological order positions held in discipline. Complete this section in lieu of resume.

Employer / Location	Position Held	Dates

OTHER INFORMATION

1. Does your employer have a tuition reimbursement program for which you will be eligible while enrolled in the MSCJA program?

Yes No Uncertain

2. Do you plan to apply for financial assistance (including loans)?

Yes No Uncertain

3. Are you eligible for the GI Bill?

Yes No

MILITARY SERVICE

Are you active duty or retired military, reserves or National Guard?

Yes No

If yes, what branch, highest rank achieved and number of years served?

IMPORTANT:

Please attach to this application:

1. A well thought out, type-written, double-spaced goal statement. (Directions can be found on supporting recommendation form.)

2. \$20 application fee. Check name payable to Loyola University New Orleans.

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List all deployments during your service _____

List any specialized training received during your military service _____

List any commendations received during your service _____

List any current professional/industry certifications _____

If you have attended Loyola University, please sign below indicating your permission for release of your transcripts to the Office of Admissions.

Signature

Date

I certify that the above information on this application is accurate and complete. I acknowledge that any omissions or inaccurate information could jeopardize my standing with Loyola University New Orleans.

Signature

Date

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PERSONAL STATEMENTS

(No more than 750 words per statement. If more space is needed, please attach additional pages.)

1. Reflect on your career to date or past educational experience and how that has prepared you to succeed in the MSCJA program at Loyola University New Orleans.

2. What do you expect to gain from this program?
How will you impact those around you based on the knowledge gained in this program?

Do you currently work for any kind of public agency (including law enforcement)? YES NO

If yes, which agency (name) and rank: _____

If yes, what is your job function / title: _____

If yes, please circle the level of government (check one): City County State Federal

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