

Master of Accountancy Program
New Mexico State University
(Business Complex Room 333 or 228)

Place a check mark next to what you are applying for.

- { } Scholarship (purely for scholarships which will be determined after spring break for the following year)
{ } Regular GA (for fall and spring GA's funded by state funds)
{ } Summer Fellowships (used to fund summer GA's for which there are no state funds)

Please complete the areas which pertain to only what you are applying for.

Please Print

Last Name _____ First Name _____ Middle Initial _____

NMSU Banner ID # _____

Present Mailing Address _____

City _____ State _____ Zip _____

E-mail address _____ Telephone Number _____ Cell Number _____

Gender Male Female

Date of Birth ____/____/____ Place of Birth _____

Classification New Graduate Student Continuing Graduate Student

Semester Applying _____

Cumulative Graduate GPA _____ Cumulative Graduate Credit Hours _____

Cumulative Undergraduate GPA _____ Undergraduate Major _____

Planned Date of Graduation _____

Citizenship U.S. Citizen Permanent Resident Country of Birth _____

Ethnicity (optional)

- | | | |
|---|---|--|
| <input type="checkbox"/> American Indian | <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> American Oriental | <input type="checkbox"/> Black | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Non-resident alien | <input type="checkbox"/> White | <input type="checkbox"/> Other |
| <input type="checkbox"/> Prefer not to answer | | |

List all post high school educational institutions and degrees awarded or expected.

<u>Institution & Location</u>	<u>Dates</u>	<u>Degree</u>	<u>Date Awarded/Expected</u>
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Extracurricular Activities and Honors as a Undergraduate/Graduate Student

College of Business
Undergraduate

Graduate

University (NMSU)
Undergraduate

Graduate

Community
Undergraduate

Graduate

Foreign Language proficiency
I speak the following language(s) fluently

Academic Honors, Professional certifications

Honors and Awards received during my undergraduate/graduate program.

I have other forms of financial aid as a graduate student Yes No

<u>Loan, Grant, Etc.</u>	<u>Amount</u>	<u>Semester</u>
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I have financial need identified by the NMSU Financial Aid Office Yes No

Additional information that might be helpful in the selection process.

For Regular GA Applications Only

Attach to this form a typed one page statement of purpose describing your academic plan and anticipated professional career.

Print three copies of the reference forms which can be found on the next pages. List the names and addresses of at least three college teachers whom you have requested to fill out the reference forms, which then should be mailed by the teachers directly to the address below at New Mexico State University.

1.

2.

3.

I certify that the above information is correct, to the best of my knowledge. I understand that this application will be reviewed by person responsible for choosing the recipient.

Signature _____ Date _____

Complete and return this application to:

Dr. Cindy Seipel
Director, Master of Accountancy
Business Complex Room 228 (Accounting and Information Systems main office)or
Business Complex Room 333 (Dr. Seipel's Office))
New Mexico State University
Accounting & Information Systems, MSC 3DH
P.O. Box 30001
Las Cruces, NM 88003-0001

Updated: October 26, 2007 (2:16pm)

LETTER OF REFERENCE IN SUPPORT OF:

(Banner ID#)

(Last Name)

(First)

(MI)

(Maiden)

CANDIDATE MUST SIGN ONE OF THE OPTIONS BELOW

I request a **CONFIDENTIAL** reference and hereby waive my right to inspect it.

Candidate's Signature

Date

I request a **NON- CONFIDENTIAL** reference and reserve my right to inspect it.

Candidate's Signature

Date

(In accordance with the Family Educational Rights and Privacy Act of 1974 - As amended)

who is applying at New Mexico State University Graduate School for admission and financial aid to study in the Master of Accountancy Program. (Send this form to an instructor, advisor or former professor acquainted with your education and academic abilities).

TO WRITERS OF LETTERS OF RECOMMENDATION:

The information given in this recommendation will be considered confidential and will be used in the initial selection process only. This information will not become part of the student's permanent academic record. We are particularly interested in the ability of the applicant to:

** Pursue graduate study

** Perform research

** Serve as a teaching assistant

** Serve in a professional capacity in the chosen field

I. In comparison with other graduate students you have known, rate items A through I by a numeric score of 1 to 5, basing your ratings on the level of accomplishments you have come to expect of the applicant. (Ratings are 1-truly outstanding (top 10%); 2-superior; 3-above average; 4-average; 5-below average; X-inadequate knowledge to rate).

[] A. Intellectual ability

[] E. Ability in oral expression

[] B. Mastery of fundamental knowledge
in his/her general field

[] F. Adequacy of ability for research

[] C. Motivation and drive

[] G. Emotional maturity and stability

[] D. Ability in written expression

[] H. Self-reliance and independence

[] I. Scholarship

II. Please answer the following questions about the applicant

a. What are the applicant's strengths?

b. What are the applicant's weaknesses?

c. Would you want the applicant to work for you as a graduate assistant? Why or why not?

d. For non-U.S. citizens, please indicate the degree of English proficiency.

e. Please provide any additional information that you think would be useful in making this employment decision.

III. How far do you think this applicant will progress? (Check one)

- Will probably complete the master's degree.
- Is not likely to complete a graduate degree without excessive help.
- Is not likely to complete any graduate degree.

I have been acquainted with this applicant during the period of:

_____ to _____ As: _____
(Date) (Date) (Instructor, advisor, supervisor, or other)

Name _____ Position _____
(Type or print)

Institution/Company _____ Signature _____

Date _____

Return to:

Dr. Cindy Seipel
Director, Master of Accountancy
Business Complex Room 228 (Accounting and Information Systems main office) or
Business Complex Room 333 (Dr. Seipel's Office)
New Mexico State University
Accounting & Information Systems, MSC 3DH
P.O. Box 30001
Las Cruces, NM 88003-0001

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