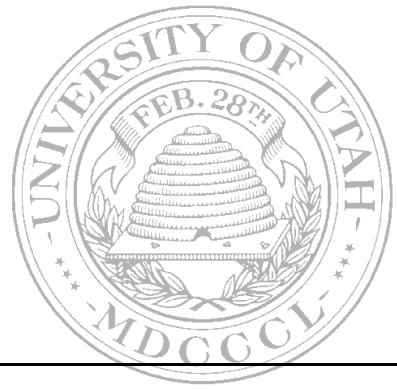


MASTER OF STATISTICS PROGRAM APPLICATION



Please furnish the following information. While you may enclose a Personal Vita with your application, it is important you respond to **all** of the items included on this application form. "See Vita" is **not** an acceptable response.

Please type:

Date: _____

1. NAME: _____

2. PRESENT ADDRESS: _____

 (City) (State) (Zip)

PERMANENT ADDRESS: _____

 (City) (State) (Zip)

3. PHONE: (_____) _____ (HOME) / (_____) _____ (WORK)
 (_____) _____ (PERMANENT)

4. SOCIAL SECURITY #: _____

5. CITIZENSHIP*: _____

**(International Students should consult The Graduate School Bulletin regarding special application requirements.)*

6. ETHNIC ORIGIN*: _____

**(This information is used for federal reporting purposes only, but is not required. Failure to provide this information will have no adverse effect on your potential for admission.)*

7. DEPARTMENTAL PROGRAM APPLYING TO:

(Check only one)

<i>Title of Degree</i>	<i>Department</i>
_____ M. Stat., Mathematics	Mathematics
_____ M. Stat., Biostatistics	Family and Preventive Medicine
_____ M. Stat., Business	Management
_____ M. Stat., Econometrics	Economics
_____ M. Stat., Educational Psychology	Educational Psychology
_____ M. Stat., Sociology	Sociology

8. ACADEMIC PREPARATION. List below all colleges and universities currently or previously attended. Use additional paper if necessary.

College/University	Dates Attended	Degree	Date Awarded	Major	Minor

9. ACADEMIC AWARDS AND HONORS. List below any academic awards or honors you have received since graduation from high school.

10. RESEARCH EXPERIENCE. List below any research experience you have gained as part of your current or previous academic training and/or professional work. Identify the nature of the research and your duties and responsibilities.

11. PUBLICATIONS/PAPERS/PRESENTATIONS. List below any publications or conference papers you have authored or co-authored as well as any presentations (i.e., lectures, seminars, workshops) you have made to professional groups.

12. TEACHING EXPERIENCE. List below any teaching experience you have gained as part of your current or previous academic training and/or professional work. Identify the nature of the teaching assignment and your duties and responsibilities.

13. EMPLOYMENT HISTORY. List below your current and previous employment, beginning with your most recent job. You may also include appropriate volunteer work. *Use additional paper if necessary.*

Employer	Dates of Employment	Job Title	Duties and Responsibilities

14. PROFESSIONAL LICENSES AND CERTIFICATES. List below any professional licenses and certificates you currently hold.

15. REFERENCES. List below the names of at least three (3) individuals who can provide an evaluative statement concerning your academic preparation or professional work. At least two (2) of your references should be people who have direct knowledge of your previous academic performance. It is your responsibility to see that each of your recommenders receives one of the enclosed Evaluation Forms and ensure that these are completed and mailed back directly to the Master of Statistics Program.

Name	Title	Organization	Relationship (Teacher, Employer, etc.)

16. FINANCIAL SUPPORT. The Master of Statistics Program is not able to guarantee financial support for its entering students. Please indicate below how you plan to secure financial support for your graduate education if you are admitted.

17. GRADUATE RECORD EXAM. The Master of Statistics Program *must receive* your Graduate Record Examination (GRE) scores before your application can be considered (*if applicable, please check with the specific department for requirements*).

Please indicate the date you took (or will take) the GRE: _____

18. PERSONAL STATEMENT. To assist the Master of Statistics Program faculty in evaluating your application, please attach a brief *two page* (double-spaced) personal statement on separate sheet(s) describing your career goals, the type of professional setting in which you would ultimately prefer to work, the types of professional and/or academic activities in which you hope to be engaged, and any other information you feel is pertinent to your current and future professional activities.

19. I hereby certify that the information contained in this application and supporting documents is true and accurately discloses all matters requested. I understand that any omissions, misrepresentations, or inaccuracies in this application constitute cause for denial of my admission to and subsequent matriculation in the Master of Statistics Program.

Signature

Date

Return this application to:

UNIVERSITY OF UTAH
MASTER OF STATISTICS PROGRAM
C/O EDUCATIONAL PSYCHOLOGY
1705 CAMPUS CENTER DRIVE RM 327
SALT LAKE CITY UT 84112-9255

For questions or comments:

VOICE: (801) 581-7148
FAX: (801) 581-5566
EMAIL: pruemper@ed.utah.edu
(Glenda Pruemper, Administrative Assistant)
URL: <http://www.math.utah.edu/mstat>