

Jackson State University
 Doctor of Philosophy in Business Administration
APPLICATION FOR ADMISSION

Application deadline is March 15

Please Type

SECTION I: Personal Data

Date of Application _____

Social Security Number: ____/____/____ Telephone No.: Home _____ Work _____

Mr. () Ms. () Mrs. ()

Full Name: _____
 Last First Middle Other names in which transcript may be listed

Present Address: _____
 Street or Box City County State Country Zip Code

Permanent Address: _____
 Street or Box City County State Country Zip Code

Place of Birth: _____ Date of Birth: * Month ___ Day ___ Year ___ Mississippi Resident Yes () No ()

Have you ever attended Graduate School at Jackson State University: Yes () No ()

Will you transfer credits to Jackson State University? Yes () No ()

Country of Current Citizenship: _____ Gender: * Male () Female ()

Ethnic Origin: * (Check one) African American () American Hispanic () Asian American ()
 American Indian () American White, not Hispanic Region () All Foreign Students ()

*These data are used for statistical purposes and to provide information required by the U.S. Department of Education in accordance with applicable federal regulations. You are not required to answer these questions, however, an answer would be appreciated.

SECTION II: Area of Concentration

() Accounting () Economics () Management

SECTION III: Educational Background

Please list all colleges and universities attended and have each school send transcripts to the Director of the Doctoral Program.

Name and address of school	Dates Attended	Degree Received	Date Degree Received	Date Transcript Received

SECTION IV: WORK EXPERIENCE

Years of full time work experience _____. Complete the table below with most recent work experience first.

Dates	Job Title	Name and address of company

SECTION V: Test Information

Date Taken	Date Plan to Take	GMAT Score	TOEFL Score

***Please forward official test scores directly to Director of Doctoral Program.**

SECTION VI: Extracurricular Activities

In the space provided, please list extracurricular activities in order of importance. Please attach extra sheets if necessary.

SECTION VII: (International Students)

Which type of visa do you have or expect to receive?

Permanent Resident () Student () Diplomatic (A) () Tourist (B) () Exchange (J) () Other

(Please specify) () _____ Nation of citizenship _____ Native

Language _____

On a separate sheet, please attach a statement of purpose. (Not to exceed two typewritten pages)

I certify that all information submitted by me in this admission application is correct. I understand that any inaccurate information or omission of relevant information may cause a denial of admission.

Signature

Send application for admission to:
 Director of Ph.D. Program
 School of Business
 Jackson State University
 P.O. Box 17760
 Jackson, MS 39217

Application for Financial Aid
 Doctor of Philosophy in Business
 School of Business
 Jackson State University
 Jackson, Mississippi 39217

To be **considered for financial aid**, application must be received by **March 15**. Applicants may be eligible for assistantships or fellowships; depending on qualifications and availability of funds. For information regarding student loans, contact the campus financial aid office.

I. PERSONAL DATA

Name _____ Social Security Number _____
 Last First Middle Gender
 Current Address _____
 Street City State/Country Zip Code
 Telephone Number () _____ Office () _____ Home _____

II. EDUCATIONAL BACKGROUND

Name of school and college (s) attended beyond high school (List in chronological order including any attendance at Jackson State University).

Dates of Attendance	Institution	Major/Minor	Degree/Certificate Earned	Date Earned

Area of Concentration: Accounting ___ Economics ___ Management ___

SECTION III: Test Information

Date Taken	Date Plan to Take	GMAT Score	TOEFL Score

***Please forward official test scores directly to Director of Doctoral Program.**

SECTION IV: WORK EXPERIENCE

List all past and present employment, including military service, etc., since college. Indicate teaching, tutoring, research and/or administrative experience, if any.

Dates	Job Title	Name and address of company

V. UNDERGRADUATE RECORD(S)

Quality point average (Semester hours) (For quarter hours, multiply by 1.5, A = 4.00)	
Quality point average in major field	
Rank in graduating class (Rank or percentile)	

VI. GRADUATE RECORD(S)

Quality point average (Semester hours) (For quarter hours, multiply by 1.5, A = 4.00)	
Quality point average in major field	
Rank in graduating class (Rank or percentile)	

VII. FINANCIAL AID INFORMATION

1. Have you received any form of financial aid for this academic year? () Yes () No
If yes, list in the space below .

2. Have you forwarded a completed Financial Aid Form (FAF) to Princeton, New Jersey?
() Yes () No

3. Do you plan to work part-time during the period covered by this request? () Yes () No
Where _____ (Do not include College Work-Study or Assistant ships).

This is a full time doctoral program.

VIII. I certify that all information submitted by me in this application is correct. I understand that any inaccurate information or omission of relevant information may cause a denial of financial aid.

Signature

TUITION AND FEE SCHEDULE

JACKSON STATE UNIVERSITY
2002 - 2003 ACADEMIC YEAR*

All fees are payable in advance by cash, certified check, money order or personalized check. Non-personalized checks will NOT be accepted for payment of fees. All fees are due and payable at the time of registration. All financial assistance awarded to a student is applicable to the total fees at the time of registration. Any variation from this policy will require prior approval from the Financial Service Office. Checks returned by a bank because of insufficient funds must be redeemed immediately along with the payment of a thirty dollar (\$30) insufficient funds fee to avoid termination of registration.

Jackson State University will bill you for 100% of the tuition and fees due and will take action to collect this amount. If your account is referred to a collection agency, you will be assessed a reasonable collection fee.

TUITION AND FEES SCHEDULE

Graduate Tuition*

1.0 - 8.0 hours	\$201.00 /hour
9.0 - 13.0 hours	\$1,806.00 /sem
13.0 + hours	\$1,806 + \$201 per hr.

Out-of-State Fee per semester for Graduate Students\$1,806.00 /sem.

REGISTRATION IS FINALIZED AT THE CASHIER'S STATION.

*FEES ARE SUBJECT TO CHANGE UPON APPROVAL OF THE BOARD OF TRUSTEES OF STATE INSTITUTION OF HIGHER LEARNING WITHOUT PRIOR NOTICE.

ROOM		BOARD	
1 per room	\$2,133.00 /sem.	20 Meal Plan	\$1,03.00
2 per room	\$1,335.00 /sem.	15 Meal Plan	\$873.00
		Any 10 Meal Plan	\$798.00
		Any 5 Meal Plan	\$636.00
		During the 1995-96 Academic Year, ALL freshmen, sophomores and new dormitory students are required to participate in a board plan. For other meal plan options, please request a Board Plan Agreement from the ID Center.	

DESIGNATED FEES

Add/Drop Fee	\$15.00	Return Check Fee.....	\$30.00
Testing Fee	\$10.00	Photo I.D Fee.....	15.00
Mail Box Rental	10.00	Caller ID Fee.....	20.00
Transcript	5.00	Supervised Teaching Fee.....	75.00
Graduate Admissions Fee.....	20.00	Thesis Fee.....	50.00
Call Waiting	14.00	Cap and Gown Fee.....	30.00
Parking Decal	20.00	Dissertation Fee	20.00

PARKING DECAL FEES

Designation	12-MONTHS
Resident Students - General	\$20.00
Commuter Students - General	20.00
Faculty/Staff - General	25.00
Faculty/Staff - Reserved	75.00
Visitors - (Including Vendors and Contractors) meter parking or \$1.00 per day permit.	

SCHEDULE OF FINES

A. Expired or No Decal	\$20.00	F. Parking in an Undesignated Space	\$20.00
B. Expired Parking Meter	5.00	G. Failure to Display Permit/Decal	10.00
C. Parking Outside of Control Lines	5.00	H. Permit/Decal Improperly Displayed	5.00
D. Parking in Other Than Assigned Area	20.00	I. Parking in a Roadway	35.00
E. Parking in a Service Area	20.00	J. Parking in Handicapped Zone	35.00

ACKNOWLEDGMENT CARD

To: Applicant

Complete the front side of this card and return with the admission application. Don't forget to place a U.S. postage stamp in the designated space on the reverse side of this card.

_____ All required admission materials have been received. You will receive a decision concerning your admission by _____.

Items checked below have not been received. Please return all items by March 15.

_____ Graduate Management Admission Test score during last five years

_____ TOEFL scores (international students only)

_____ Three letters of recommendation

_____ Statement of Purpose

_____ Copy of undergraduate transcript

_____ Copy of graduate transcript

U.S. Postage

Director of Doctoral Programs
School of Business
Jackson State University
P.O. Box 17760
Jackson, MS 39217

