

# SIMPSON COLLEGE

www.simpson.edu/macj

Evening/Weekend/Graduate Program

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MACJ Admissions

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## **APPLICATION FOR ADMISSION TO THE MASTER OF ARTS IN CRIMINAL JUSTICE (MACJ) PROGRAM**

### ***Part I***

Enter full name (do not use initials).

PLEASE USE THIS NAME CONSISTENTLY ON ALL OF YOUR RECORDS AND COMMUNICATIONS WITH EWG.

O Mr. O Ms.

\_\_\_\_\_

LAST

\_\_\_\_\_

FIRST

\_\_\_\_\_

MIDDLE

\_\_\_\_\_

PREFERRED NAME

Have you applied to the MACJ before?  Yes  No *If yes, date:* \_\_\_\_\_

### **GENERAL INFORMATION**

Address \_\_\_\_\_

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip code

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Evening: ( \_\_\_\_\_ ) \_\_\_\_\_

Cell: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail address: \_\_\_\_\_

Birth date: \_\_\_\_\_  
(MM/DD/YYYY)

Anticipated Start Date:  Fall  Spring  Summer (year) \_\_\_\_\_

Intended Program Status:  Full Program (36 credits)  
 Transfer of Credits (from a Master's Program) Maximum of 9 credits

Citizen of U.S.  Yes  No Origin of birth \_\_\_\_\_

U.S. Permanent Resident Visa  Yes  No If yes, resident alien registration number: \_\_\_\_\_

### **SOURCE OF PROGRAM INFORMATION:**

How did you hear about our MACJ Program? *(check all that apply)*

- |  |                                      |  |
|--|--------------------------------------|--|
| <input type="radio"/> Advertisement                                | <input type="radio"/> Poster         | <input type="radio"/> Simpson Alumni       |
| <input type="radio"/> Professor                                    | <input type="radio"/> Family/Friend  | <input type="radio"/> Recruitment Visit    |
| <input type="radio"/> Graduate School Book/Peterson's              | <input type="radio"/> School Advisor | <input type="radio"/> Graduate School Fair |
| <input type="radio"/> Professional Organization /conferences _____ |                                      |  |
| <input type="radio"/> Other _____                                  |                                      |  |



**ACADEMIC HISTORY:** List below all colleges/universities attended (include graduate programs) starting with your undergraduate institution. An official transcript is required from each undergraduate and graduate college/university attended, including those for which transfer credit was granted toward your degree and the one in which you are currently enrolled (regardless of the length of time enrolled or number of credits completed). If the college is a part of a university with a different name, give the name of the college and of the university. If more space is needed, please attach additional sheets.

**International applications:** List actual name of degree received or expected. Do not transfer or interpret in terms of American equivalent.

**OFFICIAL TRANSCRIPTS IN SEALED ENVELOPES MUST BE RECEIVED FROM EVERY SCHOOL ATTENDED BEFORE YOUR APPLICATION CAN BE PROCESSED.**

**Failure to supply complete and accurate information below may result in a delay in processing.**

*Bachelor Degree 1:*

_____ NAME OF COLLEGE/UNIVERSITY ATTENDED		_____ LOCATION: CITY, STATE (COUNTRY)		
____/____/____ DATES OF ATTENDANCE FROM Mo/Yr   TO Mo/Yr	_____ MAJOR	_____ DEGREE NAME RECEIVED/EXPECTED	____/____ DATE DEGREE EXPECTED/RECEIVED (Month/Year)	____/____ GPA All College / Major

*Bachelor Degree 2:*

_____ NAME OF COLLEGE/UNIVERSITY ATTENDED		_____ LOCATION: CITY, STATE (COUNTRY)		
____/____/____ DATES OF ATTENDANCE FROM Mo/Yr   TO Mo/Yr	_____ MAJOR	_____ DEGREE NAME RECEIVED/EXPECTED	____/____ DATE DEGREE EXPECTED/RECEIVED (Month/Year)	____/____ GPA All College / Major

*Master Degree:*

_____ NAME OF COLLEGE/UNIVERSITY ATTENDED		_____ LOCATION: CITY, STATE (COUNTRY)		
____/____/____ DATES OF ATTENDANCE FROM Mo/Yr   TO Mo/Yr	_____ MAJOR	_____ DEGREE NAME RECEIVED/EXPECTED	____/____ DATE DEGREE EXPECTED/RECEIVED (Month/Year)	____/____ GPA All College / Major

*Other Institutions attended:*

_____ NAME OF COLLEGE/UNIVERSITY ATTENDED		_____ LOCATION: CITY, STATE (COUNTRY)		
____/____/____ DATES OF ATTENDANCE FROM Mo/Yr   TO Mo/Yr	_____ MAJOR	_____ DEGREE NAME RECEIVED/EXPECTED	____/____ DATE DEGREE EXPECTED/RECEIVED (Month/Year)	____/____ GPA All College / Major

**REFERENCES:** Ask three people who have recent knowledge of your qualifications to write recommendations on your behalf using the enclosed forms and/or a separate letter. **Three supporting recommendations are required.** References may be academic, professional or a combination of both. Please list the names and addresses of your references.

<b># 1 Name</b>	<b>Position</b>	<b>Organization/Institution</b>
<b>Address</b>	<b>City</b> <b>Zip/Postal Code</b>	<b>Area (Country) Code + Phone</b>
<b>Email Address</b>	<b>Capacity in which known by student</b>	<b>How long known</b>
<b># 2 Name</b>	<b>Position</b>	<b>Organization/Institution</b>
<b>Address</b>	<b>City</b> <b>Zip/Postal Code</b>	<b>Area (Country) Code + Phone</b>
<b>Email Address</b>	<b>Capacity in which known by student</b>	<b>How long known</b>
<b># 3 Name</b>	<b>Position</b>	<b>Organization/Institution</b>
<b>Address</b>	<b>City</b> <b>Zip/Postal Code</b>	<b>Area (Country) Code + Phone</b>
<b>Email Address</b>	<b>Capacity in which known by student</b>	<b>How long known</b>

Simpson College encourages and gives full consideration to all applicants for admission, financial aid, and employment. The College does not discriminate in access to, or treatment or employment in, its programs and activities on the basis of race, color, age, religion, sex, sexual orientation, national origin, veteran status, or disability.



**REFERENCE FOR ADMISSION TO THE MASTER OF ARTS IN CRIMINAL JUSTICE (MACJ) PROGRAM**

**Part III Letter of Reference**

TO THE APPLICANT: Read and complete this section and give it to the person writing this reference along with the enclosed envelope. This person must return this completed reference directly to the College for it to be included with your application packet.

Name of Applicant: \_\_\_\_\_  
First Last Title

Name of Reference: \_\_\_\_\_  
First Last Title

Intended Starting Date:     Fall                       Spring                       Summer                      Year \_\_\_\_\_

**Letter of Reference**

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives the students the right to inspect and review their educational records, students may waive their right to see confidential statements and letters of reference. The applicant will have access to this information if admitted to and enrolled in the program, unless he/she waives the right to see it.

I waive my right to examine this letter of reference.                       I do not waive my right to examine this letter of reference.

**TO THE REFERRER:** The above named is applying for admission to the Masters of Arts in Criminal Justice at Simpson College in Indianola, Iowa. The candidate has given your name as a person having knowledge of his or her potential for graduate study in Criminal Justice. Please be candid in your assessment of the candidate. You may attach a separate letter to this form, if you prefer. Your statements should be mailed directly to Simpson College, EWG Programs, MACJ Admissions, 701 N C Street, Indianola, Iowa 50125.

Since the College’s decision cannot be made until references have been received, we would appreciate a reply at your earliest convenience. Thank you for your cooperation and interest.

1. How long have you known the applicant? \_\_\_\_\_

2. In what capacity have you known the applicant? (please check the appropriate boxes)  
 Professor/Instructor                       Research Supervisor                       Academic Advisor  
 Supervisor                       Field Instructor                       Personal  
 Other: \_\_\_\_\_

3. Please rate the applicant relative to other students, employees, or people interested in Criminal Justice whom you have known. Please indicate your evaluation by placing a check mark in the appropriate category.

Characteristic	Outstanding (top 5%)	Very Good (top 10%)	Good (top 25%)	Average (top 50%)	Below Average (lower 50%)	Not Observed
Academic performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Potential for contribution to the field	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maturity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Oral communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Written communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to think critically	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Capacity for leadership	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to work with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. I would:  Recommend  
 Recommend with reservation (*explain below*)  
 Do not recommend (*explain below*)

5. Personal qualities such as intelligence, maturity, capacity for self-awareness, presentation of self, resourcefulness, sound judgment, and a concern for the well being of others are important for success as a Criminal Justice professional. Please assess the applicant's academic and professional promise within this context (*feel free to attach a separate letter*).

Signature	Name
Position	Organization
Address	City, State/Country
Zip Code	Telephone
Date	E-mail Address

Please sign and return printed copy to:

EWG Programs  
MACJ Admissions  
Simpson College  
701 N. C Street  
Indianola, IA 50125  
Phone: 515-961-1583

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Email: [Julie.Manatrey@Simpson.edu](mailto:Julie.Manatrey@Simpson.edu)

***The following information is requested to evaluate equal education opportunity.***

Are you Hispanic or Latino?       Yes     No

Please check one or more of the following:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Multi racial
- Race and ethnicity unknown (*for U.S. only*)
- Nonresident alien (NRA)