



APPLICATION FOR MCJ ADMISSION

MASTER OF CRIMINAL JUSTICE CITY COLLEGE

You plan to begin the program during: Year _____ Term: Summer
 Fall
 Spring

PERSONAL INFORMATION

- Name _____
Last First Middle
- Social Security Number _____ Female Male
- Address _____
Street City/State Zip
 Home Phone () _____ Business Phone () _____ Cell Phone () _____
 Pager Phone () _____ Other () _____ E-mail _____
- Employer Name & Address _____
- Date of Birth _____ Place of Birth _____
- Ethnic Background (voluntary—will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.)
 American Indian Asian American African American/Black
 Caucasian/White Hispanic Other
- Religious Denominational Preference (voluntary—will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.)

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 request that official transcripts be sent from each college or university attended.**

School Name	Location	Dates Attended	Major	Degree /Year

Note: Please list below any prior names under which credentials may be received.

- Date on which you took/will take the Graduate Record Exam (GRE) _____
 GRE Scores: Verbal _____ Quantitative _____ Analytical _____

You must request that official GRE scores be sent.

PROFESSIONAL / WORK EXPERIENCE

Beginning with most recent, list in chronological order positions held in the criminal justice field:

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 MCJ program?

Yes No Uncertain

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

Yes No Uncertain

3. How many hours per week do you plan to work (paid employment) while enrolled in the MCJ program? _____

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

Signature

Date

I certify that the 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. (Please sign and date.)

Signature

Date

A complete application must be submitted no later than two months prior to the semester in which the applicant intends to begin the program. Normally, completed applications must be submitted by April 1 for the summer cohort.

RETURN TO MCJ ADMISSIONS, CITY COLLEGE:

6363 ST. CHARLES AVENUE, BOX 14 • NEW ORLEANS, LA 70118 • Phone: 504-865-3323 • Fax 504-865-3883

IMPORTANT:
Please attach to this application:
1) a résumé, including a statement of your educational goals that addresses the following questions: How do you think the degree will enhance your professional background; and, What expectations do you hope to realize by earning the degree?
2) \$20 application fee (check made payable to Loyola University New Orleans).