

**MPA PERSONAL DATA SHEET**

7/1/10

The information provided on this form will be used for advising purpose, a decision on your internship needs, and serve as your initial request for a graduate assistantship. Please attach additional information on separate sheets if needed. (If you do not yet have a Banner ID #, leave it blank.)

**Name:** \_\_\_\_\_ **Banner ID #:** \_\_\_\_\_

**Contact information:**

Preferred phone number for contacting you: \_\_\_\_\_

Email address: \_\_\_\_\_

**Degree Intentions and Goals:**

1. Upon enrollment, I intend to be a: Full-time Student \_\_\_\_\_ Part-time Student \_\_\_\_\_
2. I plan to complete the requirements for the MPA degree in the \_\_\_\_\_ semester, 200\_\_\_\_.
3. My proposed area of emphasis is: \_\_\_\_\_
4. I am a North Carolina resident: \_\_\_\_\_ I am an Out-of State student: \_\_\_\_\_
5. Financial assistance in the form of a graduate assistantship requires working in the Political Science Department or another unit on campus. Compensation varies depending on the number of hours of work per week. If you would like to be considered for a graduate assistantship, please check below:

Number of hours per week: 5 hours \_\_\_\_\_; 10 hours \_\_\_\_\_; 15 hours \_\_\_\_\_; 20 hours \_\_\_\_\_.

6. My purpose in pursuing the MPA degree is to (you may check more than one):
  - a. Seek employment with local \_\_\_\_\_, state \_\_\_\_\_, federal \_\_\_\_\_ government.
  - b. Improve my current skills \_\_\_\_\_, promotional opportunities \_\_\_\_\_, mobility \_\_\_\_\_, within my organization or occupation.
  - c. Qualify for another occupation \_\_\_\_\_ or another degree \_\_\_\_\_.

Please state any other reason: \_\_\_\_\_

7. In few sentences, describe your career goals and area of interest: \_\_\_\_\_

**Work experience:** On a separate page or in an attached resume, please describe your work experiences in the past ten years as fully as possible. Please supply information on (1) beginning and ending dates; (2) title of your position; (3) name and address of the employer, and (4) a description of your duties and responsibilities including information on number of subordinates you supervised.

Check here if you would like to be exempt from the internship requirement. \_\_\_\_\_

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**To be completed by MPA Director:** Internship Required: \_\_\_\_\_ Yes/No  
 Number of Assistantship Hours requested: \_\_\_\_\_  
 Out-of-State Tuition Remission Requested: Yes/No