

<b>La Follette School of Public Affairs</b>	<b>University of Wisconsin-Madison</b>	<b>Accelerated Degree Program Application</b>
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**Last name** (family name) \_\_\_\_\_ **First name** (given name) \_\_\_\_\_

**Date of birth** (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ **Place of birth** (city/state/country) \_\_\_\_\_

**UW I.D. number** \_\_\_\_\_

<b>Male</b>	<b>Female</b>	<b>U.S. Veteran</b>	<b>Yes</b>	<b>No</b>
<b>Citizenship</b> U.S. citizen?	Yes	No		

**Ethnic Heritage** (Provide this information only if you are a U.S.Citizen or Permanent Resident.)

- (1) Black/African American (not Hispanic)
- (2a) Cambodian, Hmong, Laotian, or Vietnamese (admitted to U.S. after 12/31/75)
- (2b) Other Asian/Pacific Islander
- (3) American Indian or Alaskan Native
- (4a) Mexican American      (4b) Puerto Rican      (4c) Other Hispanic
- (5) White (not Hispanic)
- (6) Other (please specify) \_\_\_\_\_

**Mailing Address**

Street address/P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone number \_\_\_\_\_

Effective Dates: from (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ to (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**E-mail address** \_\_\_\_\_

**Permanent Home Address**

Street address/P.O. Box \_\_\_\_\_ City \_\_\_\_\_

State/Country \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_

Effective Dates: from (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_ to (mm/dd/yy) \_\_\_\_/\_\_\_\_/\_\_\_\_

**First year in which you wish to enroll:** Year \_\_\_\_\_ (Fall entry only) **UW–Madison GPA to date** \_\_\_\_\_

**Undergraduate major** \_\_\_\_\_

**Number of credits left to complete undergraduate degree** \_\_\_\_\_

**Education**

List other post-secondary schools you have attended besides UW–Madison. (Use back of sheet if necessary.)

Institution	Location	Major	Degree	Dates attended
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**References:** List the persons you are asking to complete letters of recommendation. (Use the back if necessary) Full name and title Telephone number E-mail address

_____	(____) _____	_____
_____	(____) _____	_____

I waive my right to review these letters of recommendation.

**Intended degree at La Follette**

Master of Public Affairs

Master of International Public Affairs

I certify that the information in this application is true and complete to the best of my knowledge, and that I understand that inaccurate information could affect my admission, enrollment, or financial aid status.

Date \_\_\_\_\_

*(Please return this form to La Follette with your resume, statement of purpose, two references, and transcripts from UW-Madison and all previously attended institutions. Unofficial transcripts from UW-Madison are acceptable.)*