

**Department of Recreation and Leisure Studies
San José State University
Application for Admission in the Master of Recreation Program**

PLEASE TYPE

Semester Applying For: Fall Spring Academic Year 20_____

Area of interest: International Tourism Therapeutic Recreation Leisure Service Management Advanced Career Professional Studies

Primary or First Language: (Please specify if other than English) _____

Social Security Number: _____

LAST NAME	FIRST	MIDDLE
CURRENT ADDRESS	CITY	STATE ZIP
PERMANENT ADDRESS	CITY	STATE ZIP
CURRENT PHONE	PERMANENT PHONE	CELL/PAGER
EMAIL ADDRESS		

GRADUATE STUDENT BACKGROUND INFORMATION

This form, in addition to a personal essay, letters of recommendation, and all information submitted to the University, will be used to determine your eligibility as a graduate student in this department. If you have not done so, please complete your University Application for Graduate Admission on-line as soon as possible. We cannot admit you to this program of study until you have qualified for graduate study in the University.

I. EDUCATION

UNDERGRADUATE MAJOR: _____ MINOR _____ GPA (last 60 units) _____

DEGREE-GRANTING INSTITUTION: _____

ADDRESS: _____

COLLEGES/UNIVERSITIES ATTENDED SINCE EARNING UNDERGRADUATE DEGREE: _____ DATE _____

II. RESUME OF EXPERIENCE

1. Please attach a current resume, which includes all **paid** park/recreation/tourism experience, listing positions from most to least recent. Include agency name and address, whether part- or full-time, and responsibilities for each position. List and explain **other** related employed experience.
2. List all **volunteer** park/recreation/tourism leadership experience in the recent three-year period.

III. AWARDS, HONORS, SCHOLARSHIPS

1. COLLEGE:

2. PROFESSIONAL:

3. COMMUNITY:

IV. ADVANCEMENT

1. MEMBERSHIPS HELD IN PROFESSIONAL ORGANIZATIONS:

2. OFFICES HELD OR COMMITTEE RESPONSIBILITIES IN PROFESSIONAL ORGANIZATIONS (SINCE HIGH SCHOOL OR WITHIN THE RECENT FIVE-YEAR PERIOD):

3. WORKSHOPS, TRAINING PROGRAMS, OR CERTIFICATIONS EARNED WITH AUSPICES AND YEAR COMPLETED:

V. OBJECTIVES

Write a two-page, typed, double-spaced essay explaining your career goals, how you arrived at these goals, how a Master's Degree in Recreation will help you to achieve these goals, and why you have chosen San Jose State University. **PLEASE RESPOND THOUGHTFULLY. YOUR PERSONAL ESSAY IS REVIEWED FOR CONTENT AS WELL AS GRAMMAR AND USAGE.**

VI. REFERENCES

You are required to request three (3) letters of recommendation from persons other than students and relatives. This must include at least one from an individual in the field of Recreation/Tourism who knows you in a non-academic capacity and has firsthand knowledge of your abilities, accomplishments, interests, and personal qualities as they relate to your potential as a Recreation/Tourism professional. Please provide the enclosed recommendation form to those persons. Reference letters should be current, speak specifically to your possible efficacy as relates to graduate study, be on letterhead when appropriate, and mailed to: **Graduate Coordinator**

**Dept. of Recreation and Leisure Studies
San José State University
One Washington Square
San José, CA 95192-0060**

VII. ADDITIONAL INFORMATION

Both your Departmental and University applications must be completed prior to acceptance into the Graduate Program in the Department. Graduate Studies will provide notification of completion of the processing of your application. You can verify your admission status on-line at "my education." We will be unable to admit you into the Department for Master's study until this notification is received

Should you have questions regarding the University application process, please contact the Office of Graduate Studies and Research at (408) 924-2480 or via email at <http://www.sjsu.edu/gradstudies/>. Should you require assistance with, or have questions regarding, your Departmental application, please contact Dr. Gonzaga da Gama, Graduate Coordinator, at (408) 924-3005 or via email at gonzaga@casa.sjsu.edu,

Please mail this completed form to the Department address above.
Thank you for your application.

VIII. APPLICATION CERTIFICATION

I, the undersigned, do certify that all information provided is, to the best of my knowledge, true and correct:

Signature

Print Name

Date