

Application Form
Master of Arts in Liberal Studies Program
Tel: 603-646-3592 MALS.PROGRAM@Dartmouth.edu Fax: 603-646-3590

Last Name _____ First & Middle _____
SS# _____ Maiden Name _____
Current Address _____ Home Telephone _____
City _____ E-Mail Address _____
State _____ Zip Code _____
Country _____ Date of Birth _____
Place of Birth _____ Sex: M () F ()
Citizenship _____ Address _____
Employer _____ Office Telephone _____
Occupation _____

IN CASE IF EMERGENCY, NOTIFY:

Name _____ Emergency Telephone # _____
Address _____ Relationship to Applicant _____

In the MALS Program, I am interested in pursuing (check one):

- | | |
|--|--|
| <input type="checkbox"/> General Liberal Studies | <input type="checkbox"/> Cultural Studies |
| <input type="checkbox"/> Creative Writing | <input type="checkbox"/> Globalization Studies |

Please describe possible research topics you wish to explore in MALS:

If accepted, when do you plan to begin the program:

- Summer Fall Winter Spring

Preferred Enrollment Plan: Full-time, year-round: (2 courses each quarter)
Part-time, year-round: (1 course each quarter)
Summers only:
Other:

I WISH TO APPLY FOR FINANCIAL ASSISTANCE

Yes No

Please see Financial Aid page of MALS website for instructions.

UNDERGRADUATE & GRADUATE STUDY *(All credit-bearing coursework must be documented by transcript)*

Institution and Address	Major	Degree	Graduation Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you feel your transcripts describe your present capabilities accurately? Yes No
(If not, please explain on a separate sheet of paper)

DESCRIBE SIGNIFICANT EXTRA-CURRICULAR AND/OR COMMUNITY RESPONSIBILITIES

LIST BELOW THE THREE PEOPLE YOU HAVE ASKED TO WRITE REFERENCES FOR YOU

Applicants must acquire at least one Academic Reference from a faculty member who has taught them in a course and who can speak to their academic abilities.

1. Name _____ Position _____

Address _____ Telephone _____

2. Name _____ Position _____

Address _____ Telephone _____

3. Name _____ Position _____

Address _____ Telephone _____

ENCLOSED:

- \$50.00 Application Fee (Check should be made payable to *Dartmouth College*)
- Admissions Essay
- Current Resume
- Letters of Recommendation (Received in sealed envelope)
- Transcript(s) (Received in sealed envelope)
- TOEFL (International candidates only)

My signature below certifies that the information provided in this application is accurate and complete.

Name _____ Date _____

OPTIONAL (for U.S. citizens only):

MALS is committed to Equal Opportunity. To measure the effectiveness of our effort, indicate status:

African American Asian American Native American Caucasian Hispanic/Latino Other: _____

Dartmouth College is committed to its policy of equal opportunity (nondiscrimination). A statement of this policy and the mechanism for redress of complaints of discrimination can be found in the Dartmouth Affirmative Action Plan. For a copy of the current Affirmative Action Plan call the office of Institutional Diversity & Equity at (603) 646-3197.