

Admission Application

Master of Landscape Architecture Program

Ball State University

APPLICATION DEADLINES

All application materials must be submitted **at least four weeks** before the start of the semester. If you are interested in a graduate assistantship, please apply **by March 15**.

Please print or type

NAME: _____ TELEPHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Date of Birth _____ Sex: M F

U.S. Citizen? Yes No If no, country of citizenship: _____ IN Resident Yes No

U.S. citizens or permanent resident only - Indicate your ethnic identity by checking the appropriate box:

- | | | |
|---|---|--|
| <input type="checkbox"/> Black/Afro-American | <input type="checkbox"/> Filipino | <input type="checkbox"/> Polynesian/Pacific Islander |
| <input type="checkbox"/> White/Caucasian | <input type="checkbox"/> Chinese/Chinese-American | <input type="checkbox"/> East Indian/Pakistani |
| <input type="checkbox"/> Chicano-Mexican-American | <input type="checkbox"/> Japanese/Japanese-American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Latino/Spanish-American | <input type="checkbox"/> Korean/Korean-American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Viet/Thai/other Asian-American | <input type="checkbox"/> Other (specify) _____ | |

Which graduate degree option do you seek? Program 1 2 3

Have you ever submitted an application to the graduate program in Landscape Architecture at Ball State University? Yes No If yes, when? _____

Have you ever registered in any graduate program at Ball State University? Yes No

Other Graduate Schools to which you are applying?

EDUCATION

List all post-secondary schools attended, including Ball State University in order of attendance.

College or University	Location	Dates	Degree	Major
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMPLOYMENT

List employment since college, beginning with most recent experience (please do not “refer to resume”).

Employer Name & Location	Dates	Responsibilities & Duties

REFERENCES

Please list the three persons you requested to submit recommendations on your behalf (see attached Recommendation form):

Name	Title/Position	Nature of Association

STATEMENT OF PURPOSE

Please attach a typed page answering the following three questions. In your answers, discuss any special aptitude, focus or interest that may enable you to succeed in Landscape Architecture.

1. What are your long-term goals?
2. What is your current understanding of the Landscape Architecture profession with regard to how it “fits” your career goals?
3. What aspects of your prior education and work experience do you see as supporting your interest in landscape architecture?
4. Based on the department’s three areas of concentration-Landscape planning, cultural landscape preservation, and contemporary design issues- which might you consider pursuing if admitted and why?

In signing this form, I certify that to my knowledge, the information contained herein is true and correct.

SIGNATURE: _____ DATE: _____

Ball State University provides equal opportunity in employment and in its education programs, activities, and facilities without regard to race, religion, color, sex, sexual orientation, disability, national origin, ancestry, or age. It also takes affirmation action to employ and advance minorities, women, Vietnam-era veterans, disabled veterans, and other disabled person. For further information, please consult our Web site at www.bsu.edu/legal/equal or contact the Office of University Compliance, Ball State University, Muncie, IN 47306; Phone: (765)285-5162; TDD: (765)285-2639.

Please return completed form to:
Graduate Program Coordinator
Department of Landscape Architecture
College of Architecture and Planning
Ball State University
Muncie, IN 47306
765-285-1971