



**Department of History**  
**Joint M.A./Ph.D. Program**  
**Application for Admission and Funding**  
**Phone: 989-774-3374**  
**e-mail: jorda1rr@cmich.edu**

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
 (Last) (First) (Initial)

Present Address \_\_\_\_\_ (Telephone) \_\_\_\_\_  
 \_\_\_\_\_ (Number/Street)  
 \_\_\_\_\_ (City/State/Zip Code)

Permanent Address \_\_\_\_\_ (Telephone) \_\_\_\_\_  
 \_\_\_\_\_ (Number/Street)  
 \_\_\_\_\_ (City/State/Zip Code)

E-Mail Address \_\_\_\_\_

**IMPORTANT:** By completing this form, you are applying both for admission to the Joint M.A./Ph.D. program in History and for a graduate assistantship or doctoral fellowship (both administered by the Department of History).

Admission to the Joint M.A./Ph.D. Program is competitive. If the Department of History cannot admit you to the joint program, would you wish to receive admission to the department's traditional M.A. program? Yes  No

**NOTE: Receipt of a graduate fellowship will affect one's eligibility for need-based financial aid. For more information on financial aid eligibility, contact the Office of Scholarships and Financial Aid (201 and 202 Warriner Hall; 989-774-3674).**

<b>Previous Study</b>			
Institution	Dates Attended	Hours in History	Degree and Date Received

Coursework in History				
	Course Title	Institution	Credit Hours	Grade
Titles of Courses in European History				
Titles of Courses in U.S. History				
Titles of Other History Courses				

Overall GPA \_\_\_\_\_ GPA in History \_\_\_\_\_  
(A = 4, B = 3, etc.)

Minors/Cognates \_\_\_\_\_  
 \_\_\_\_\_

**Please supply complete transcripts and GRE scores by January 3.**

Language Training and/or Proficiency \_\_\_\_\_  
 \_\_\_\_\_

Honors, Scholarships, etc., Received \_\_\_\_\_  
 \_\_\_\_\_

<b>Teaching or Other Work Experience</b>		
Institution	Inclusive Dates	Name of Immediate Supervisor

<b>References</b> (at least two in history)		
Name	Address	Institution

**Send one of the enclosed recommendation forms, with a completed cover sheet, to each of your references.**

**Note to Applicants: Applications are due January 3 (postmark date). However, recommendation letters can be received up until January 15.**

**Mail all application materials to: Department of History  
Central Michigan University  
106 Powers Hall  
Mount Pleasant, MI 48859**

<b>Writing Sample</b>
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Please select from your undergraduate or graduate academic experience a writing sample which best reflects your abilities to conduct primary and secondary research, to synthesize that research in a clear and logical fashion, and to establish and argue a thesis. Enclose that writing sample (preferably without a heavy binder) in this application. If you would like the copy of your writing sample returned, please supply a return envelope and postage.

Title \_\_\_\_\_

\_\_\_\_\_

Date of Writing Sample \_\_\_\_\_

- Graduate
- Undergraduate





**Department of History**  
**Joint M.A./Ph.D. Program in History at Central Michigan University**

**Recommendation for Admission and Funding**

Applicant's Name: \_\_\_\_\_

I have asked \_\_\_\_\_ to submit a recommendation.

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To the Applicant:

A student of Central Michigan University generally has the right to view official records of the university which concern him or her individually, including letters of recommendation. An applicant may, however, waive the right of access to letters of recommendation, in which case the evaluation covered by the waiver will be confidential and free from the student's right of access to them.

This waiver is not required as a condition of admission to the graduate program in history nor is it in any manner related to receipt of any services or benefits from Central Michigan University.

This waiver is effective only if the recommendation which it covers is used for the purpose for which it is specifically intended. The Department of History affirms that the statement covered by this document will be used solely for the purpose indicated above.

Please check one of the two options listed below. Sign and date the option which you choose.

\_\_\_\_\_ I understand the above condition and I waive any and all right of access to the letter or statement identified above.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

\_\_\_\_\_ I wish to retain my right of access to the letter or statement identified above.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(date)

This section is to be completed by the recommender:

1. How long and in what capacity have you known the applicant?
2. Please rate the applicant in comparison to others whom you have known at similar stages in their career.

	Exceptional Upper 5%	Excellent Next 10%	Very Good Next 15%	Good Next 20%	Remaining 50%	No Basis for Rating
Scholarly potential in indicated field of study						
Creativity and originality						
Motivation and perseverance toward goals						
Ability to work with others						
Ability to work independently						
Ability to express thoughts in writing						
Ability to present thoughts in speech						

3. Please circle the strength of your overall endorsement.

Highly Recommended                      Recommended                      Recommended with Reservations

4. In your letter of recommendation, please comment specifically on the applicant's strengths and limitations for graduate study and college teaching. Descriptions of significant actions and accomplishments are particularly helpful in assessing the applicant's potential.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print/Type Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Address \_\_\_\_\_

Note to recommenders: While application and supporting materials from potential graduate students are due by January 3, recommendation forms and letters are due no later than January 15.

**Mail all materials to:**

**Department of History  
Central Michigan University  
106 Powers Hall  
Mount Pleasant, MI 48859**