



## Master of Public Administration (M.P.A.) Goal Statement

Applicants for the Master of Public Administration Program must complete this form as a requirement for admission to the program.

Full Name (as it appears on application): \_\_\_\_\_

Last 4-digits of social: \_\_\_\_\_

What do you expect to accomplish by completing this M.P.A. Program? Specifically, what work and/or life experiences have prepared you for this program, and how will completing this program assist you in achieving your career goals? *(Use the back of this form if necessary)*

Signed \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this document to:**  
The Graduate School • Valdosta State University  
1500 North Patterson Street  
Valdosta, GA 31698-0005