

Zanvyl Krieger School of Arts and Sciences - Advanced Academic Programs
Carey Business School - Graduate Division of Business and Management

- **MASTER OF ARTS in Applied Economics / GRADUATE CERTIFICATE in Financial Management**
- **MASTER OF ARTS in Applied Economics / GRADUATE CERTIFICATE in Investments**

Application for Admission

Applicants Must Meet The Following Criteria To Be Considered

- Bachelor's degree from a regionally accredited U.S. college or university. Programs require a GPA of 3.0 on a 4.0 scale in the latter half of an applicant's studies, or a graduate degree in an appropriate field (professional interests and relevant work experience also are considered). An applicant with less than the required GPA may be admitted as a provisional student, on a case-by-case basis.
- One semester of introductory microeconomics
- One semester of introductory macroeconomics
- One semester of undergraduate calculus, or equivalent

Documents Required

- Completed application form
- Nonrefundable application fee: \$75 U.S.
- Official transcripts from all college studies
- Current resumé or curriculum vitae
- Two letters of recommendation
- Application essay (see application form for directions)

International Applicants

Applicants whose native language is not English and who have graduated from a college or university where English is not the language of instruction must take the TOEFL, with a minimum score of 250 on the computer-based or 600 on the paper-based test.

The AAP TOEFL Code is 8747.

International Education Credential Evaluation

Applicants who hold degrees or earned credit from educational institutions abroad must have their academic records evaluated by a credential evaluation agency before they can be considered for admission to a degree program. In addition to submitting official academic records to the Zanvyl Krieger School of Arts and Sciences, applicants should make arrangements with an authorized credential evaluation agency.

The following two credential evaluation services are acceptable:

World Education Services (WES) assists students with initiating the evaluation process and can be reached at www.wes.org or **800-937-3895**. Students may also call the WES office in Washington, DC at 202-331-2925, where a local representative can assist them.

Education Perspectives, www.educational-perspectives.org or **312-421-9300**.

Assessment should be sent from the agency directly to the address noted below.

Application Procedure

Send all application materials to:

Johns Hopkins University
Advanced Academic Programs
Admissions Office, Suite 101
1717 Massachusetts Avenue, N.W.
Washington, DC 20036

Contact Information

For additional information please call 202-452-1940

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Application for Admission

Personal Information:

Salutation: Dr. Mr. Ms.

Name: _____
Last First M.I. Other/Previous Names

Home Address: _____
Street Apartment

City State Zip Country

Home Telephone: _____ / _____ - _____ Work or Daytime Telephone: _____ / _____ - _____

Email: _____ Fax Number: _____ / _____ - _____

Employment Information:

Employer's Name: _____

Current Title: _____

Description of Current Position: _____

Date of Birth: _____ Female Male Social Security Number: - -

U.S. Citizen: Yes No Permanent Resident: Yes No Current Visa Status: _____

Other Citizenship: _____ Do you plan to initiate the visa process through Johns Hopkins? Yes No

Applying for Master's Degree: Apply for which semester: Summer (year) _____ Fall (year) _____ Spring (year) _____

Master of Arts in Applied Economics / Graduate Certificate in Financial Management

Master of Arts in Applied Economics / Graduate Certificate in Investments

Do you plan to take three or more courses per semester? Yes No

Have you ever applied to Johns Hopkins University? Yes No

If yes to previous question, were you accepted? Yes No

Acceptance Date: _____ Academic Program: _____

Are you currently a graduate student at Johns Hopkins? Communication Government MBA Other (specify)? _____

If you are a current student, do you you want to use your current letters of recommendations? Yes No

Yes, I was or am a student in Johns Hopkin University's Carey School of Business or School of Engineering and I agree to have my transcripts released to the School of Arts and Sciences, Advanced Academic Programs.

Colleges or Universities Attended:

Name	Location	Major	Degree	Graduation Date

Approximate grade point average for your college degree: Undergraduate GPA: _____ Graduate GPA: _____

How did you hear about the Advanced Academic Programs?

- Article: _____ Employee Training/Education: _____
(name of publication) (name of employer)
- Mail: _____ Newspaper Ad: _____ Radio Spot: _____ Special Event: _____
(brochure, flyer, postcard, etc.) (name of newspaper) (specify station) (name of event)
- Internet: _____ Word-of-Mouth: _____ Inquired On Your Own
(web address or site name) (friend, coworker, etc.)
-

Voluntary Self-Identification

The following questions request that the applicant voluntarily provide information about his/her self-identification. Please be advised that the information sought is intended solely in connection with the University's voluntary equal opportunity efforts. There is no requirement that you respond, and no adverse action will result if you choose not to answer the inquiry. Responses to the following are not shared with the admissions committee, nor are they considered in the admissions process.

Check the racial/ethnic group with which you identify:

- | | |
|---|--|
| <input type="checkbox"/> Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic American |
| <input type="checkbox"/> Black | <input type="checkbox"/> Mexican American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |
- Pacific Islander I understand that my application will be considered only if the proper application fee is enclosed.
-

Application Essay

In approximately 500 words, discuss the reasons you wish to pursue the MA in Applied Economics/Graduate Certificate program. Focus on your long-term goals and how this academic program will complement those goals. Discuss the strengths and weaknesses of your academic and professional background, as well as any additional comments that will assist in evaluating your application materials. Please email your submission to aapadmissions@jhu.edu, or include your essay on a separate sheet of paper with this application.

My signature below indicates that all the information contained in my application is complete and correct to the best of my knowledge, information, and belief. I recognize the right of the university to exclude at any time a student whose conduct or academic standing renders his or her presence undesirable in the institution. I understand that my \$75 application fee is nonrefundable.

Signature: _____ Date: _____

The Johns Hopkins University is an equal opportunity, affirmative action institution.

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Name	Location	Major	Degree	Graduation Date

Approximate grade point average for your college degree: Undergraduate GPA: _____ Graduate GPA: _____

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| <input type="checkbox"/> Asian American | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Other: _____ |
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Signature: _____ Date: _____

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JOHNS HOPKINS UNIVERSITY

Zanvyl Krieger School of Arts and Sciences • Advanced Academic Programs

RECOMMENDATION FORM

To Applicant: Please complete the upper portion of the Recommendation Form and forward it to a supervisor or professor who is acquainted with your work.

APPLICANT

Applicant's Name: _____ SS# _____

Name of the Person Completing the Form: _____

Title of the Person Completing the Form: _____

Family Education Rights and Privacy Act of 1974

The purpose of this recommendation is to assist in making the admissions decision. Under the provisions of this act you have the right, if you enroll in Johns Hopkins University's Advanced Academic Programs, to see your recommendations. The act further provides that you may waive your right to see the recommendations filed for admission. Please indicate your choice and sign your name whether or not you wish to waive this right.

I waive

I do not waive my right of access that I may have to this recommendation form

Signature _____ Date _____

RECOMMENDER

The applicant whose name appears above has applied for admission to Johns Hopkins University. **Please attach typed answers on letterhead to EACH of the questions below and fill out the checkboxes on back.** When complete, return in a sealed envelope with your signature across the back flap to:

Johns Hopkins University
1717 Massachusetts Avenue, NW
Suite 101
Washington DC, 20036

Please identify each question by number on your letter.

1. How long and in what capacity have you known the applicant?
2. What do you consider the applicant's strengths?
3. Please describe any weaknesses that might impede the applicant's ability to pursue rigorous graduate study.
4. Please describe how you have observed the applicant's writing and comment on his/her ability.
5. Please describe a specific situation in which you have observed the applicant using (or not using) critical thinking skills or innovative problem solving.
6. Please comment on a specific situation in which you have observed (or not observed) the applicant learning and applying a new skill or understanding.
7. Please describe and evaluate the applicant's quantitative ability.
8. Please comment on anything else you think would be helpful to the admissions committee.

(continued next page)

RECOMMENDATION FORM (cont.)

9. Please rate the applicant in comparison with others applying for professional graduate education:

	Top 5%	Top 10%	Top 20%	Top 50%	Below Average	Unable to Assess	Comments
Intellectual ability							
Breadth of general knowledge							
Quantitative ability							
Analytical ability							
Quality of oral expression							
Quality of written expression							
Ability to work with others							
Emotional maturity							
Perseverance							
Promise as a program graduate							

Signature of Reference: _____ Date: _____

Title and Organization: _____

Address: _____

Telephone Number: _____

E-Mail Address: _____

Upon completion, fax this form without a cover sheet to the Admissions Office below.

The School of Arts and Sciences
Advanced Academic Programs
fax: (202) 452-1970

An admissions requirement is that all students under age 26 must provide proof of having had the following immunizations: Two doses against Measles, Mumps, and Rubella, given after 1 year of age and at least 30 days apart, and one Diphtheria/Tetanus booster given within the past ten years. This form should be completed with your physician so s/he can consolidate any records you may have in your possession with information in your medical file and update missing immunizations. **PLEASE TAKE NOTE:** Incomplete immunizations, invalid dates, or forms which lack a validation stamp will not be processed, and will delay your registration.

(Please print clearly) Last Name, First Name		m/d/y of Birth
Degree Program	Email	Phone no.

TETANUS/DIPHTHERIA

Completed primary series and ...
Received Adult Tetanus/diphtheria booster within past ten years or...
If immunity is based on antibody titer a lab report must be included with this form.

DOSE 1	
--------	--

MMR (Measles, Mumps, Rubella)

Immunized after first birthday
Immunized at least 30 days after Dose 1

DOSE 1	
DOSE 2	

MEASLES (Rubeola)

Had the disease, confirmed by a copy of original office records which are included.
If immunity is based on antibody titer a lab report must be included with this form.
Immunized after first birthday

DOSE 1	
DOSE 2	

Immunized at least 30 days after Dose 1

MUMPS

Had the disease, confirmed by a copy of original office records which are included.
If immunity is based on antibody titer a lab report must be included with this form.
Immunized after first birthday

DOSE 1	
DOSE 2	

Immunized at least 30 days after Dose 1

RUBELLA

If immunity is based on antibody titer a lab report must be included with this form.
Immunized after first birthday

DOSE 1	
DOSE 2	

Immunized at least 30 days after Dose 1

Request for Exemption

Religious exemption is allowed if the student objects in good faith, in writing, that immunizations violate his or her religious beliefs. Medical exemption is allowed if a physician or health authority deems an immunization medically inadvisable. Explicit written documentation supporting an exemption request must be submitted with this certificate.

Religious Exemption Medical Exemption

Healthcare Provider: Thank you for taking time to assist us with this important task. We know that vaccine-preventable diseases occur on college campuses where students are not immunized or inadequately immunized. You help us to protect Johns Hopkins University students and their contacts by not accepting anecdotal information and by submitting immunization data from your office records, or from records presented for review which include **complete** dates (month/day/year) of administration. Where records are missing or incomplete, updating immunizations helps to ensure that the student is protected, and enables him/her to complete requirements for matriculations at Johns Hopkins University.

Date this form was completed

An office stamp **MUST** be used to ensure this form is valid.

Practitioner Name/Title (MD., RN., P.A.)

Signature

Faculty – Once your course has begun, please make copies of this form and have all students sign prior to the field trip(s). Send all forms to AAP-DC.

JOHNS HOPKINS UNIVERSITY RELEASE AND WAIVER OF LIABILITY
AAP FIELD TRIPS

Advanced Academic Programs (AAP)

Name of Degree Program _____

WHEREAS, as part of the above-named program, which is an AAP graduate program of the Johns Hopkins University (“the University”), I have an opportunity to participate in one or more field trips; as a condition of such participation I agree as follows:

1. I understand and appreciate the risks inherent in travel of the nature of the field trip(s), and I voluntarily and knowingly assume those risks. I release JHU, its employees, officers, Trustees, Directors and assigns from any liability for any injury or loss I might incur in connection with the trip(s).
2. I, for myself, my heirs, executors and administrators, waive and release forever any and all rights for claims and damages I may have against the Johns Hopkins University, its trustees, officers, employees and agents, including the staff members and supervisors, in any manner due to any personal injury or property loss sustained by me as a result of my traveling to and from the field trip destination(s) and/or my participation in the activities associated with the field trip(s), including any activities I may engage in during my free time while participating on the field trip(s).
3. I agree to follow the standards established for the conduct of the participants in the trip(s) or instructions of the University staff members on the trip(s).
4. I understand that I will be responsible for my own welfare and safety.

Course Name

Student Signature

Semester

Print Name

Date

Please return to:
Denise O’Sullivan, Manager, Student and Faculty Services
JHU - Advanced Academic Programs
1717 Massachusetts Avenue, N.W. , Suite 104
Washington, DC 20036