



Please return this statement to:
 Madonna University
 The Graduate School
 36600 Schoolcraft Road
 Livonia, Michigan 48150-1173
 (734) 432-5667 / Fax 432-5862

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|--|
| For Office Use Only: Student ID: _____ Received by: _____ Date: ____ / ____ / ____ |
|--|

To be completed by ALL applicants.

STATEMENT OF GOALS / PURPOSE

Name: _____ Date _____
Last First Middle

Social Security #: _____ - _____ - _____ Applying to : _____
Program / Campus

Statement: Please state your purpose in applying for graduate study, your particular area of specialization within the major, your plans for future occupation or profession, and any additional information that may aid the selection committee in evaluating your preparation and your aptitude for graduate study at Madonna University. Use back of page if additional space is needed: