



**Master of Science in
Public, Human Service
and Health Administration**

Statement of Purpose

Please type or print

Name _____
(last) (first) (middle)

Current Address _____
_____ Telephone _____

Please discuss your educational and professional goals. Relate these goals to your personal history and to the Public, Human Service and Health Administration graduate program at Minnesota State University Moorhead.

Signature _____ Date _____

Please send this statement with the completed application form to: Graduate Studies Office, Minnesota State University Moorhead, 1104 7th Ave. S., Moorhead, MN 56563.