United States Merchant Marine Academy Master of Marine Engineering Program Admission Application Form 1 I plan to begin the MMarE Program //Certificate Program in: (Select only one of the above)				

Please print or type in the requested information and be certain to sign and date the application. Incomplete applications will not be processed.

Social Security Number Birth Date (month/day/year)				
Name: Last (Family)	First	Midd	lle	
Former Name or Other Used	Name	Male	Female	
Mailing Address (Street Number a	ind Apartment Number)			
City	State	Zip Code	Country	
Home Telephone	Business Telephone	E-Mail		
Permanent Address (if different from mailing address)				
City	State	Zip Code	Country	
Citizenship Status:	By Birth	Naturalized on	(date)	

Note: The complete application package must include Admission Application Forms 1 & 2, at least two letters of recommendation and a \$125.00 check to cover the application fee.

# United States Merchant Marine Academy Master of Marine Engineering Program Admission Application Form 2 Educational and Professional Background

## Educational History: (List all Colleges/Universities Attended)

College/University	Dates of A From	ttendance To	Major	Degree Awarded	Year

## Professional History: (List last four employers)

Employer	Dates of E From	mployment To	Job Title and Function

Licenses Possessed:

Professional Engineer	State	Number	Expiration Date / /
	Diale	1 vannoer	

Merchant Mariner	Level	Expiration Date	/	/
			/	/

#### **References:**

Please list the names of at least two individuals from whom you have requested letters of recommendation. Submit the letters of recommendation to the MMarE Program Director.

Name	Position	Address

Note: Two letters of recommendation are required, including one from previous college or university faculty member.

#### STATEMENT OF UNDERSTANDING

I understand that all information submitted on this application to the United States Merchant Marine Academy must be answered fully and correctly. Omissions of colleges and universities previously attended or falsification of information will constitute grounds for rescinding offers of admission and/or dismissal. I understand that all applications and supporting documents received by the USMMA in support of an application for admission becomes the property of the USMMA and will not be returned. I understand that the application fee can not be waived or refunded. I understand that submission of the admission application and supporting documents does not guarantee admission to the MMarE program,

Signature

	/	/	
Date	e		

Application must be signed and dated to be complete

# United States Merchant Marine Academy Graduate Admissions Recommendation Form

This form is to be given to individuals writing recommendations for your admission to the Master of Marine Engineering program. Please enclose the completed form with your application:

Applicant Information:		Date of Birth: _/_/
Last (Family)	First	Middle
Expected enrollment date:	Fall 20	Spring 20
Right to access: Public Law 93-380, the right to access letters of recomm		lments Act of 1974, grants students
I waive, I do not waive	my right to access th	nis form and recommendation letter.
Applicant's Signature * Applicants who do not comple	ete this section waive their r	Date/_/ ight to access this form and letter.

#### Recommendations must include this form attached to a recommendation letter.

**To the Recommender:** The letter should include how long and in what capacity you have known the applicant. Be as specific as possible about the applicant's academic/professional performance and potential for advanced study. Please keep in mind that applicant cannot be considered for admission until your recommendation is on file. Please use official stationary, seal and sign the envelope along the seal. Send the sealed envelop to the applicant.

#### Please complete the following evaluation table:

	Exceptional	Above Avg.	Average	Below Avg.	Unable to Judge
Intelligence					
Originality & Creativity					
Motivation & Initiative					
Potential for Graduate Study					
Signature of Recommende	er			Dat	e
Name (please type or prin	t)				

Institution or company \_\_\_\_\_ Title \_\_\_\_\_

Address

Telephone \_\_\_\_\_

E-mail Address \_\_\_\_\_

#### United States Merchant Marine Academy Master of Marine Engineering Program Transcript Request Form

**To the Applicant:** Please complete this form and forward it to your previous college or university. A transcript from **EACH** college or university attended must be submitted. To insure that the transcript is returned to you in a timely manner, please be certain to send this request early.

Print your name an address.

Last (Family)	First	Middle
Mailing Address (Street number and	Apartment)	
City	State	Zip Code
Dear Sir: I request that my transc have provided with this form.	cript be sent to my address in the self-add	ressed and stamped envelope I

Applicant's Signature

**To the Registrar:** The Master of Marine Engineering program office at the United States Merchant Marine Academy appreciates your cooperation in assisting the MMarE program candidate in the application process. Please enclose this form together with an official transcript in the provided envelope. After sealing the envelope, please sign across the seal to ensure confidentiality and return it to the applicant so that it can be included in the application package.

\_\_\_\_/\_\_/\_\_\_\_ Date