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**RHODE ISLAND  
COLLEGE**

**Tel: 401-456-8009**

**School of Management**

**MASTER OF PROFESSIONAL ACCOUNTANCY PROGRAM**

## **ADMISSION PROCEDURE**

**To begin the admission process, submit the following to the School of Management, Master of Professional Accountancy Program:**

- Application and \$50.00 fee payable to Rhode Island College. Be sure entire application form is completed, including a statement of purpose and résumé.
- One copy of all official transcripts of undergraduate and graduate work. (The office has official transcripts of work completed at Rhode Island College. New official transcripts of work completed at other institutions are required if you transferred into Rhode Island College as an undergraduate.)
- Three recommendations on forms provided. Recommendations should be obtained from persons qualified to evaluate your potential to do academic work.
- Copy of GMAT test score.

**In addition, foreign students must submit:**

- A copy of academic credentials.
- Score of Test of English as a Foreign Language (TOEFL) or certification of English proficiency.
- Statement of financial ability (i.e., how the tuition will be paid).

When all materials have been received, the departmental Graduate Admissions Committee will evaluate your application and supporting materials and make a recommendation to the director of the Master of Professional Accountancy Program. The director will inform you in writing of the admission decision.



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**TRANSCRIPT REQUEST FORM**

**To be filled in by applicant and given to the registrar of the college or university attended:**

Transcript of \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Years attended \_\_\_\_\_ Degree(s) received \_\_\_\_\_

Your current address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To the registrar of \_\_\_\_\_

College or University

**Registrar, please attach this form to the transcript requested and send to:**

School of Management  
Master of Professional Accountancy Program  
Rhode Island College  
600 Mt. Pleasant Avenue  
Providence, RI 02908-1991

Thank you.



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**LETTER OF RECOMMENDATION REQUEST FORM**

To be filled in by applicant:

Mr., Ms. \_\_\_\_\_ has applied for admission to the Master of Professional Accountancy Program at Rhode Island College. Please indicate in the space provided below your estimation of the candidate's potential to do graduate work.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
(Please print) (Institution or firm) (Position)

Address \_\_\_\_\_

**Please return to:** School of Management  
Master of Professional Accountancy Program  
Rhode Island College  
600 Mt. Pleasant Avenue  
Providence, RI 02908-1991

**Statement of Confidentiality**

The applicant is hereby advised that, in compliance with the Family Educational Rights and Privacy Act of 1974, the strict confidentiality of all information and materials received by the School of Management from any source in the consideration of this application shall be maintained, and these documents shall not be disclosed to anyone, including the candidate and his/her family, except by action of the director of the M.P.Ac. Program in accordance with the provisions of the act and Rhode Island College policy. Once the admissions process has been completed the "educational records" only of enrolled students are forwarded to the Records Office and are available to the student upon request.



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**APPLICATION FOR ADMISSION**

This form and one copy are to be typed or printed and returned to the School of Management, Master of Professional Accountancy Program, Rhode Island College, 600 Mt. Pleasant Avenue, Providence, RI 02908-1991, along with an application fee of \$50.00 made payable to Rhode Island College.

Please indicate the concentration you wish to pursue:

- Personal Financial Planning
- Accounting Information Systems
- Undecided

Semester and year for which you are applying: Fall \_\_\_\_\_, Spring \_\_\_\_\_, Full Time \_\_\_\_\_, Part Time \_\_\_\_\_

Name in full \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Undergraduate G.P.A. \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Business ( ) \_\_\_\_\_

Date of birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Country of citizenship \_\_\_\_\_

Are you a legal resident of Rhode Island? \_\_\_\_\_ Number of years in R.I. \_\_\_\_\_

- Racial background:
- White
  - Asian American/Pacific Islander
  - Hispanic
  - Black
  - American Indian/Alaskan Native
  - Foreign

**EXAMINATIONS**

Please indicate approximate test score: GMAT \_\_\_\_\_ Other \_\_\_\_\_

Date taken \_\_\_\_\_

Reason (if applicable) for exemption from GMAT requirements:

\_\_\_\_\_

**EDUCATION**

List, in chronological order, all college-level institutions attended, including Rhode Island College, regardless of the length of attendance. Please request each college, except Rhode Island College, to send to the School of Management one copy of all official transcripts of your record. Indicate in the far right column the date you requested each transcript to be sent.

Name and Location of School or College	Degree Conferred or to be Conferred	Date of Conferral	Date Transcript Requested
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WORK EXPERIENCE**

Please submit one copy of your résumé. List below all positions held since graduation from high school (most recent first); also list collegiate-level honors received or other evidence of high scholarship.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**RECOMMENDATIONS**

Please list the individuals from whom you have requested recommendations, and indicate the date you requested each recommendation. Please choose individuals who have knowledge of your academic and work capabilities, and who can attest to your potential to do graduate-level course work. Rhode Island College graduates should limit recommendations to only one individual from the Department of Accounting and Computer Information Systems.

Name	Title	Date requested
1. _____		
2. _____		
3. _____		

**STATEMENT OF PURPOSE**

In support of your application for graduate study, please attach a statement of purpose of approximately 300 words, indicating your reasons for pursuing graduate work in your specific area, your present objectives, and your future goals.

I attest that the information above is true and accurate to the best of my knowledge.

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

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**Notice of Affirmative Action and Nondiscrimination**

Rhode Island College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, sexual orientation, gender identity or expression, or disabled veteran, veteran of the Vietnam Era, marital or citizenship status. The College is committed to taking affirmative action to employ and advance in employment qualified women and members of minority groups identified in state and federal affirmative action laws and executive orders, persons with disabilities (including qualified special disabled veterans), and veterans of the Vietnam Era.