



كلية محمد بن راشد
للإدارة الحكومية
MOHAMMED BIN RASHID
SCHOOL OF GOVERNMENT

MOHAMMED BIN RASHID SCHOOL OF GOVERNMENT OFFICE OF ADMISSIONS

MBRSG MPA

APPLICATION FORM

MASTER OF PUBLIC ADMINISTRATION

INFORMATION FOR APPLICANTS

THIS SECTION CONTAINS ALL THE MATERIALS NEEDED TO FILE AN APPLICATION.
PLEASE MAKE SURE TO FILL IN ALL ITEMS.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

OFFICE OF ADMISSIONS

MOHAMMED BIN RASHID SCHOOL OF GOVERNMENT

CONVENTION TOWER, LEVEL 13

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ADMISSION REQUIREMENTS

- FOUR YEAR BACHELOR'S DEGREE FROM AN ACCREDITED UNIVERSITY OR COLLEGE, EARNED WITH A MINIMUM GPA OF 3.0 (ON A 4.0 SCALE)
- MINIMUM GENERAL INTERNATIONAL TOEFL SCORE OF 550 OR EQUIVALENT COMPUTER BASED TOEFL SCORE OF 213, INTERNET BASED TOEFL SCORE OF 79-80 PERCENT , OR ACADEMIC IELTS SCORE OF 6.0
- MINIMUM OF THREE YEARS OF RELEVANT WORK EXPERIENCE
- TWO INDIVIDUAL, SEALED AND RECENT REFERENCE LETTERS (PLEASE REFER TO PAGE 7)

HOW TO APPLY

- DOWNLOAD THE ON-LINE APPLICATION FROM THE WEBSITE WWW.MBRSG.AE
- COMPLETE THIS APPLICATION FORM AND SUBMIT WITH ALL REQUIRED DOCUMENTS
ATTESTED OFFICIAL UNIVERSITY AND COLLEGE DEGREES AND TRANSCRIPTS
OFFICIAL STANDARDIZED TEST SCORES (TOEFL OR IELTS)
CURRICULUM VITAE
PASSPORT COPY WITH TWO PASSPORT-SIZE PHOTOS
AN ESSAY EXPLAINING YOUR INTEREST IN THE PROGRAM (PLEASE REFER TO PAGE 6)
TWO INDIVIDUAL, SEALED AND RECENT REFERENCE LETTERS (PLEASE REFER TO PAGE 7)
EMIRATI NATIONALITY DOCUMENT (خلاصة القيد) FOR EMIRATIS ONLY
EMIRATES ID
- APPLICATION FEE OF AED350
(NON-REFUNDABLE CHEQUE PAYABLE TO "MOHAMMED BIN RASHID SCHOOL OF GOVERNMENT")

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PASTE
RECENT
PHOTOGRAPH

YEAR OF APPLICATION

PERSONAL INFORMATION

PLEASE PRINT IN BLOCK LETTERS. PLEASE ALWAYS USE GREGORIAN DATES.
PLEASE PRINT YOUR NAME IN ENGLISH AND ARABIC AS IT APPEARS IN YOUR PASSPORT.

NAME			NAME IN ARABIC		
GENDER: MALE FEMALE		MARITAL STATUS			
DATE OF BIRTH (DD/MM/YYYY)		PLACE OF BIRTH		COUNTRY OF RESIDENCY	
NATIONALITY		PASSPORT NO.		DATE OF EXPIRY	
MAILING ADDRESS					
MOBILE		PHONE (WORK)		FAX (WORK)	
EMAIL		PHONE (HOME)		FAX (HOME)	

TERTIARY EDUCATION

PLEASE LIST YOUR UNDERGRADUATE AND GRADUATE EDUCATION, AS WELL AS ANY COURSES YOU ARE CURRENTLY ENROLLED IN AND THEIR EXPECTED COMPLETION DATES (MOST RECENT FIRST).

FROM	TO	NAME OF INSTITUTION	COUNTRY OF INSTITUTION	DEGREE AWARDED	FIELD OF STUDY	DURATION OF STUDY	GPA

STANDARDISED TEST SCORES

PLEASE PROVIDE EITHER YOUR TOEFL OR IELTS SCORES BELOW.
DO NOT REPORT INSTITUTIONAL TEST SCORES.
FINAL ADMISSIONS DECISIONS ARE CONTINGENT UPON THE
RECEIPT OF THE OFFICIAL SCORE REPORT BY THE SCHOOL.

TOEFL SCORE	DATE TAKEN / TO BE TAKEN
IELTS SCORE	DATE TAKEN / TO BE TAKEN

WORK EXPERIENCE

LIST YOUR CURRENT OR MOST RECENT POSITION FIRST. THE INFORMATION PROVIDED IN YOUR CV IS NOT SUFFICIENT. ATTACH ADDITIONAL SHEETS IF NECESSARY.

POSITION	ORGANIZATION	NATURE OF ORGANIZATION	FROM	UNTIL	MAILING ADDRESS

TOTAL YEARS OF WORK EXPERIENCE

FULL-TIME	PART-TIME
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TOTAL YEARS OF WORK EXPERIENCE IN CURRENT POSITION

FULL-TIME	PART-TIME
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PLEASE DESCRIBE YOUR CURRENT POSITION AND MAJOR RESPONSIBILITIES

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PROFESSIONAL QUALIFICATIONS/CERTIFICATIONS

CERTIFICATE / DIPLOMA	ORGANIZATION / INSTITUTION	FROM	TO

MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS

POSITION	ORGANIZATION / INSTITUTION	FROM	TO

MAJOR EXTRA-CURRICULAR, CIVIC OR COMMUNITY ACTIVITIES (PLEASE LIST IN ORDER OF IMPORTANCE)

ACTIVITY	OFFICE HELD OR HONORS	ELECTED OR APPOINTED	ACTIVE DATES (MM/YY-MM/YY)

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SPONSORSHIP

WILL YOU BE SPONSORED BY AN ORGANIZATION?

☐ NO

☐ YES

NAME OF SPONSOR	
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HEALTH INSURANCE

AS PER MBRSG GENERAL POLICY, ALL STUDENTS SHOULD CONFIRM HAVING HEALTH INSURANCE.

PLEASE ATTACH A COPY OF YOUR HEALTH INSURANCE CARD TO THIS APPLICATION. IN CASE YOU DO NOT HAVE INSURANCE, MBRSG CAN PROVIDE COVERAGE AT COMPETITIVE MARKET RATES.

INTEREST IN THE PROGRAM

PLEASE CHOOSE ONE OF THE THREE SUBJECTS SHOWN BELOW AND WRITE AN-800 WORD ESSAY ON THE TOPIC. ATTACH THE ESSAY TO THIS APPLICATION FORM.

1. DESCRIBE A TIME AND SITUATION WITHIN THE LAST FIVE YEARS IN WHICH YOU EXERCISED EFFECTIVE LEADERSHIP (THROUGH TRANSFORMING IDEAS INTO ACTION AND MOTIVATING OTHERS TO ADOPT AND IMPLEMENT THEM). HOW DID YOUR ACTIONS AND ACCOMPLISHMENTS HAVE AN IMPACT ON YOU PERSONALLY OR PROFESSIONALLY? WHAT DID YOU LEARN ABOUT LEADERSHIP STRENGTHS AND DEVELOPMENT NEEDS? EXPERIENCES CAN BE RELATED TO YOUR WORK ORGANIZATION, COMMUNITY, OR CIVIC LIFE.
2. WHAT ARE YOUR SHORT-TERM CAREER GOALS? HOW WILL MBRSG MPA HELP YOU ACHIEVE YOUR GOALS? WHY IS AN MPA THE BEST CHOICE AT THIS POINT IN YOUR CAREER?
3. DESCRIBE THE INITIATIVES YOU HAVE TAKEN OVER THE PAST THREE YEARS TO DEVELOP PROFESSIONALLY AND PERSONALLY. WHAT MOTIVATED YOU TO TAKE THOSE INITIATIVES? HOW HAVE YOU CHALLENGED YOURSELF TO IMPROVE?

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REFERENCE LETTERS

THE SCHOOL REQUIRES APPLICANTS TO SUBMIT TWO INDIVIDUAL SEALED AND RECENT REFERENCE LETTERS. EACH REFERENCE LETTER MUST BE IN ENGLISH AND TYPED ON THE APPROPRIATE ORGANIZATION'S LETTERHEAD, WITH THE SIGNATURE OF THE REFEREE. THE REFERENCE LETTER SHOULD INCLUDE THE FOLLOWING:

INTEREST IN THE PROGRAM

PLEASE CHOOSE ONE OF THE THREE SUBJECTS SHOWN BELOW AND WRITE AN-800 WORD ESSAY ON THE TOPIC. ATTACH THE ESSAY TO THIS APPLICATION FORM.

1. HOW LONG HAVE YOU KNOWN THE APPLICANT AND IN WHAT CAPACITY?
2. WHAT DO YOU CONSIDER TO BE THE APPLICANT'S STRENGTHS? YOU MAY WISH TO COMMENT ON BREADTH OF KNOWLEDGE AND QUALITY OF ORAL AND WRITTEN EXPRESSION IN ENGLISH.
3. WHAT DO YOU CONSIDER TO BE THE APPLICANT'S WEAKNESSES?
4. PLEASE DESCRIBE AN ACTIVITY OR PROGRAM IN WHICH THE APPLICANT WAS INVOLVED THAT ILLUSTRATES HIS OR HER SPECIAL ABILITIES AND/OR LEADERSHIP SKILLS OR POTENTIAL.
5. WHERE DO YOU THINK THE APPLICANT WOULD HAVE GREATEST DIFFICULTY IN AN INTENSIVE GRADUATE PROFESSIONAL COURSE OF STUDY? THIS WOULD BE AN AREA WHERE THE APPLICANT OUGHT TO RECEIVE ADDITIONAL PREPARATION IF ADMITTED.
6. PLEASE COMMENT ON THE APPLICANT'S CAREER POTENTIAL AND YOUR PROJECTION OF HIS OR HER FUTURE SUCCESS.

PLEASE PROVIDE THE DETAILS OF YOUR TWO REFEREES

NAME		POSITION
NAME OF ORGANIZATION/ INSTITUTION		
ADDRESS		
TELEPHONE NUMBER	FAX NUMBER	EMAIL
CAPACITY IN WHICH KNOWN TO APPLICANT		

NAME		POSITION
NAME OF ORGANIZATION/ INSTITUTION		
ADDRESS		
TELEPHONE NUMBER	FAX NUMBER	EMAIL
CAPACITY IN WHICH KNOWN TO APPLICANT		

NAME (PRINT)	SIGNATURE	DATE (DD/MM/YYYY)