



MASTER OF SCIENCE IN ORGANIZATION DEVELOPMENT

VOCATIONAL SELF-EVALUATION INVENTORY

At the heart of the MSOD program is concern for each person as an individual. This form contains questions and requests that provide greater depth to the admission committee than provided in a more traditional application. Please give each question the consideration you would if we were discussing it in a face-to-face interchange. There are no right or wrong answers. Your responses will, of course, be treated as confidential.

NAME: _____

DATE: _____

LEISURE ACTIVITIES

WHAT ARE YOUR LEISURE TIME INTERESTS AND ACTIVITIES?

IN SOCIAL SITUATIONS, WHAT CHARACTERISTICS DO YOU ADMIRE MOST AND LEAST IN OTHERS?

WHAT THREE BOOKS, MOVIES, ARTICLES, OR OTHER MEDIA HAVE HAD THE BIGGEST IMPACT ON YOU? WHY?

1.

2.

3.

WORK EFFECTIVENESS

DESCRIBE THE SPECIFIC ASPECTS OF YOUR LAST TWO WORK POSITIONS IN WHICH YOU REGARDED YOURSELF AS MOST EFFECTIVE.

1.

2.

DESCRIBE THE SPECIFIC ASPECTS OF YOUR LAST TWO WORK POSITIONS IN WHICH YOU AND YOUR SUPERVISOR DIFFERED MOST REGARDING YOUR EFFECTIVENESS.

1.

2.

IN WHAT SPECIFIC AREAS (KNOWLEDGE AND SKILL) DO YOU NEED TO IMPROVE?

EDUCATIONAL EXPERIENCES

WHAT DO YOU SEE AS THE STRENGTHS AND WEAKNESSES OF YOUR EDUCATION?

STRENGTHS:

WEAKNESSES:

FAMILY BACKGROUND

PARENT 1 - NAME: _____

LIVING? YES NO

PARENT 1 EDUCATION: _____

PARENT 1 OCCUPATION: _____

PERSONALITY TRAITS IN WHICH YOU TAKE AFTER PARENT 1:

DIFFER FROM PARENT 1:

PARENT 2 - NAME: _____

LIVING? YES NO

PARENT 2 EDUCATION: _____

PARENT 2 OCCUPATION: _____

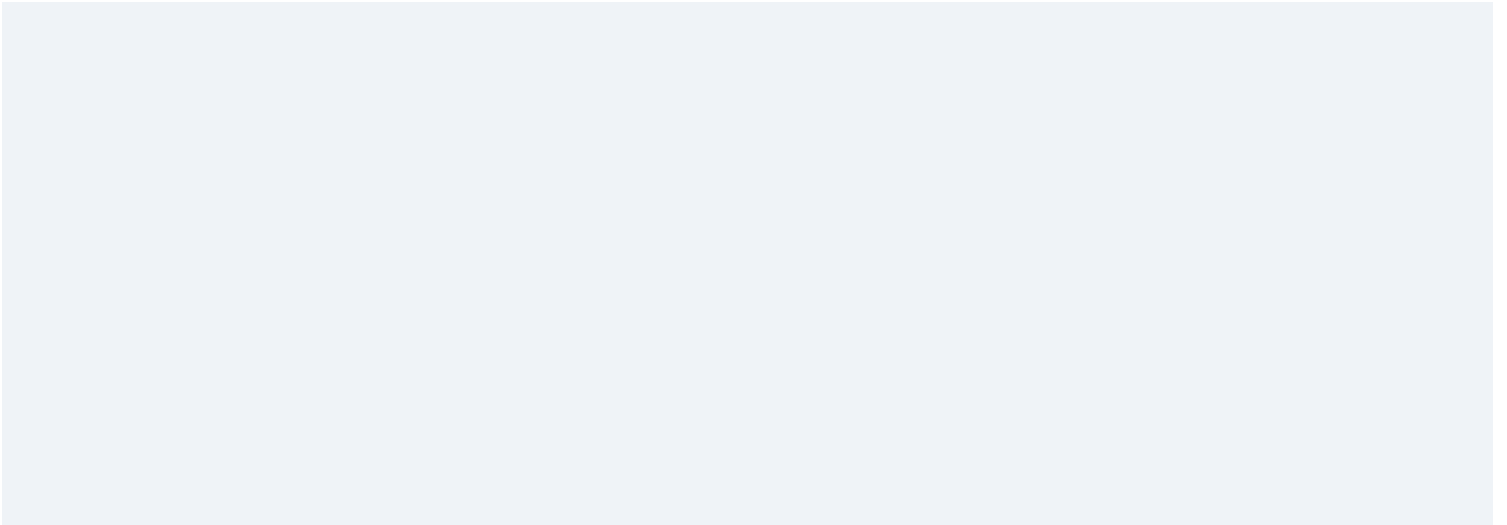
PERSONALITY TRAITS IN WHICH YOU TAKE AFTER PARENT 2:

DIFFER FROM PARENT 2:

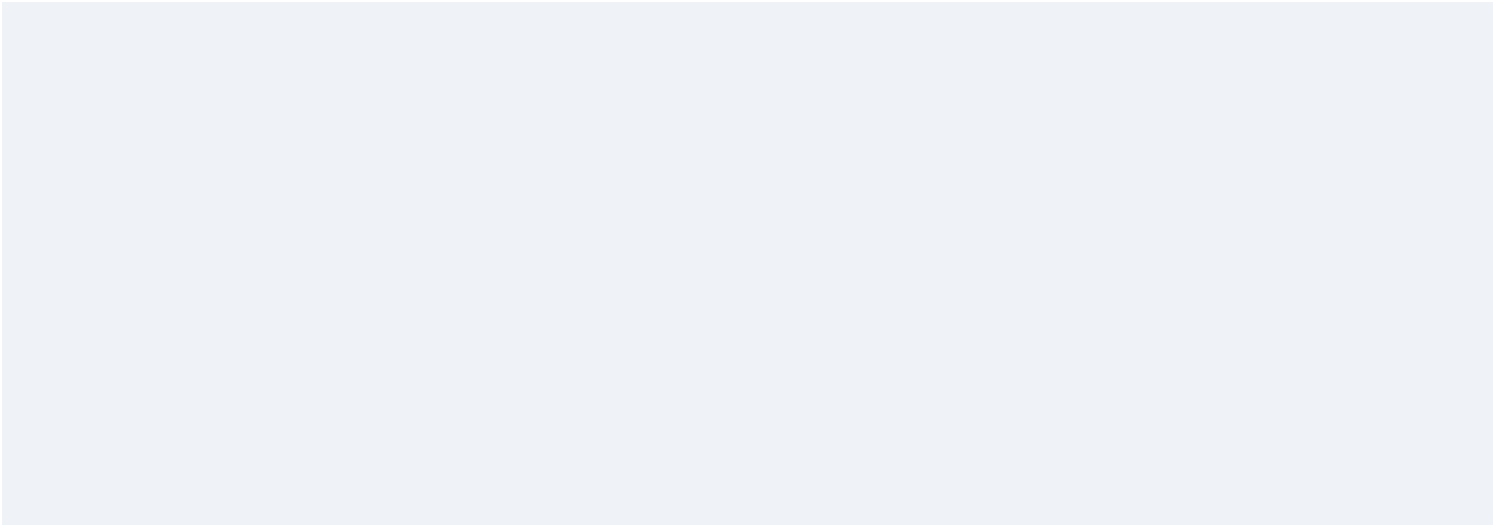
PARENT'S MARITAL ADJUSTMENT: EXCELLENT | FAIR | POOR | SEPARATED | DIVORCED

WHAT OTHER ADULTS WERE IMPORTANT IN YOUR CHILDHOOD?

WHAT IS YOUR MOST PLEASANT CHILDHOOD RECOLLECTION?

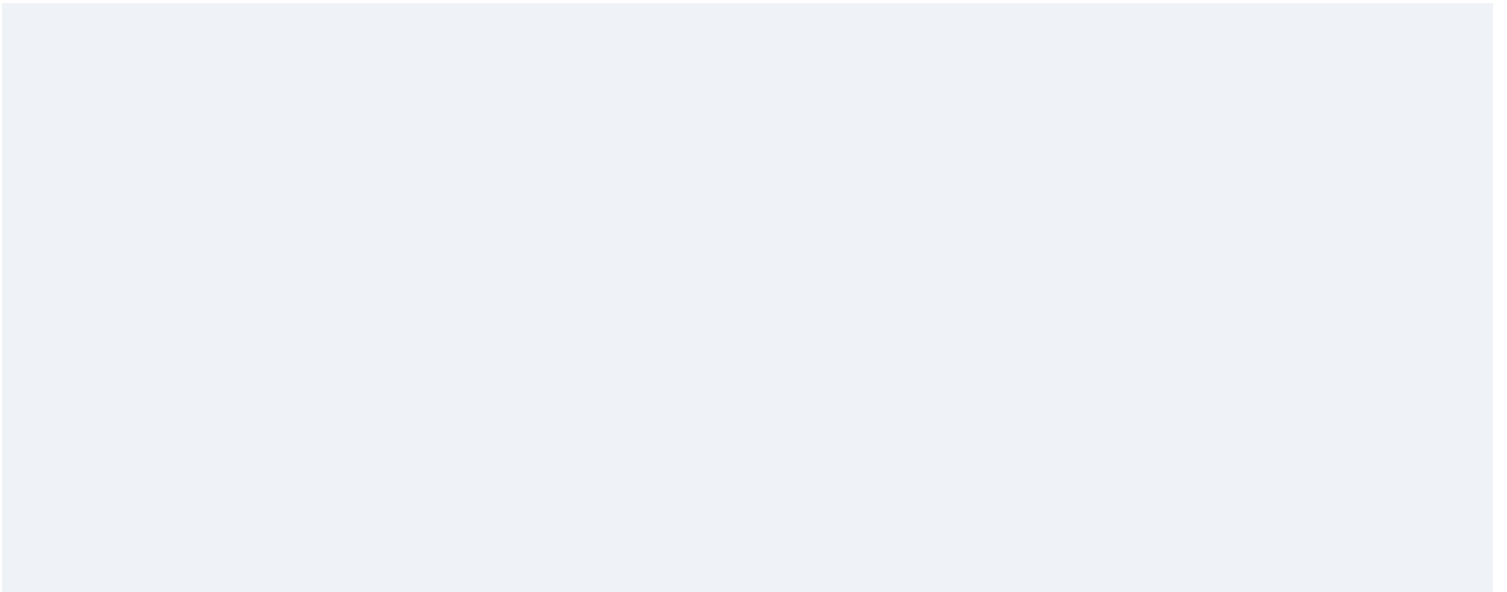


YOUR MOST UNPLEASANT?



NUMBER OF BROTHERS OLDER? _____ YOUNGER? _____ NUMBER OF SISTERS OLDER? _____ YOUNGER? _____

HOW DO YOU SEE YOUR CHILDHOOD AFFECTING WHO YOU ARE TODAY?



ARE YOU? SINGLE | IN A COMMITTED RELATIONSHIP | MARRIED

PRESENT SPOUSE OR PARTNER'S NAME: _____

HEALTH: _____ THEIR EDUCATION: _____

THEIR OCCUPATION: _____

HOW ARE YOU SIMILAR IN PERSONALITY TRAITS?

IN WHAT AREAS DOES YOUR PARTNER BELIEVE YOU SHOULD IMPROVE?

IN WHAT AREAS DO YOU BELIEVE YOUR PARTNER SHOULD IMPROVE?

WHAT DOES YOUR SPOUSE/PARTNER/FAMILY THINK ABOUT THE IMPLICATIONS OF BEING ACCEPTED INTO THIS PROGRAM (TIME AWAY FROM HOME, STUDY TIME, STRESS ON RELATIONSHIPS)?

CHILDREN:

NAMES	AGE	HEALTH	PERSONALITY TRAITS

HOW DO YOU DISCIPLINE YOUR CHILDREN?

HAVE ANY OTHER DEPENDENTS? YES NO

IF YES, THEIR RELATIONSHIP:

WORKSHOP/COUNSELING PARTICIPATION

The MSOD program believes strongly that success in the field of organization development depends on knowledge on the self. Any experiences where you have had the opportunity to understand yourself better are valued and can contribute to this knowledge. Please detail your participation in any human interaction laboratory training, experiential learning, OD values training, and experience in individual and group therapy. Please describe any counseling or therapy you've been involved in, either as a leader or participant. How have these personal growth experiences contributed to your understanding of yourself?

SELF-REFLECTION

DESCRIBE THREE (3) MISTAKES YOU HAVE MADE. WHAT DID YOU LEARN FROM THEM?

1.

2.

3.

YOUR REASONS FOR ADMITTANCE

Please write a letter addressed to the MSOD Admissions Committee that details your interest in organization development and how you plan to use the degree.

ORGANIZATION SUPPORT

IF YOU ARE NOT SELF-EMPLOYED, IS YOUR SUPERVISOR CURRENTLY AWARE OF YOUR INTEREST IN THE MSOD PROGRAM? YES NO

(WE RECOMMEND THAT YOUR SUPERVISOR WRITE A LETTER SUPPORTING YOUR INVOLVEMENT IN THE MSOD PROGRAM.)

WHAT TYPE OF ASSISTANCE CAN YOU EXPECT FROM YOUR ORGANIZATION FOR THE FOLLOWING COSTS?

	TOTAL FINANCIAL SPONSORSHIP	PARTIAL FINANCIAL SUPPORT	NONE
TUITION			
BOOKS			
ROOM/BOARD			
TRAVEL			