GRADUATE PROGRAM APPLICATION

Are you applying to study: ☐ Part time or ☐ Full time  Date of entry: ☐ Fall ☐ Spring ☐ Summer  Year _______

Have you previously applied for admission? ☐ Yes ☐ No  If Yes, what year? ____________

PERSONAL DATA:

Name: Mr/Ms. ________________________________ ____________________________ __________________

Last Name       First Name       Middle

Social Security Number:__________________________ Gender: ☐ Male ☐ Female  Date of Birth _______

Gender: Male       Female

Date of Birth _____________ Month/Day/Year

Mailing Address:_______________________________________________________Address valid until:______________

Number and Street

City       State       Zip + Suffix

Country

Permanent Address: ____________________________________________________

Number and Street

City       State       Zip + Suffix

Country

Telephone Numbers

Home Phone

Area Code/Number

Work Phone

Area Code/Number

Cell Phone

Area Code/Number

E-mail Address: __________________________________________________________________________

Citizenship  Country(ies) of Citizenship: __________________________  Visa Type: __________

Non-U.S. Citizens Only:

Are you a U.S. permanent resident? ☐ Yes ☐ No  If Yes, please provide your Green Card #:
Testing Information

<table>
<thead>
<tr>
<th>GMAT</th>
<th>Date</th>
<th>Verbal</th>
<th>Quantitative</th>
<th>Total</th>
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<tr>
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<td>Month/Year</td>
<td>Score</td>
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TOEFL (if required)

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<tr>
<th>TOEFL</th>
<th>Date</th>
<th>Section 1</th>
<th>Section 2</th>
<th>Section 3</th>
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Education

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<tr>
<th>College Code</th>
<th>Name of School</th>
<th>Dates Attended</th>
<th>Degree Received</th>
<th>Est. G.P.A.</th>
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References

Please list your one evaluator. Only Sport Management applicants need to submit three recommendation forms.

1. Name____________________________________________________Position/Relationship__________________
   Mailing Address________________________________________________________________________________

2. Name____________________________________________________Position/Relationship__________________
   Mailing Address________________________________________________________________________________

3. Name____________________________________________________Position/Relationship__________________
   Mailing Address________________________________________________________________________________

Source(s) of Information

How did you learn about the program?___________________________________________________________
_________________________________________________________________________________________
**EMLOYMENT HISTORY**

Beginning with your most recent job, please list below in reverse chronological order each of the jobs you have had since the beginning of your college studies.

<table>
<thead>
<tr>
<th>Employer</th>
<th>From (Month/Year)</th>
<th>To (Month/Year)</th>
<th>Position/Job Title</th>
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Please indicate the program in which you are interested:

☐ Master of Business Administration (M.B.A.)
☐ Accounting
☐ Finance
☐ Financial Markets
☐ Institutions and Instruments
☐ Healthcare Administration
☐ Information Systems
☐ International Business
☐ Management
☐ Marketing
☐ Pharmaceutical Management
☐ Sport Management

* Select only one concentration. You may add a second concentration after being accepted into the program.

☐ Master of Science (M.S.)
☐ Accounting
☐ Professional Accounting
☐ Taxation
☐ B.S./M.S. Professional Accounting (BS/MSPA)
(for SHU Accounting Undergraduates only)

☐ Graduate Certificates (12-16 Credits)
(No GMAT required, but student must have a Bachelor’s degree.)
☐ Certificate in Business
☐ Certificate in Entrepreneurship
☐ Certificate in Management at HUMC
☐ Certificate in Taxation
☐ Certificate of Advanced Study (Must have M.B.A., J.D., or M.S. in some field of Business) Please check ONLY one:
☐ Accounting
☐ Business Law
☐ Finance
☐ Information Systems
☐ International Business
☐ Management
☐ Marketing
☐ Sport Management
☐ Taxation

☐ Joint Programs *(Applicants must choose an M.B.A. specialization from above.)*
☐ M.B.A./J.D. (School of Law)*
☐ M.B.A./M.A.D.I.R. (School of Diplomacy and International Relations)*
☐ M.B.A./M.S.N. (College of Nursing)*
☐ M.B.A./B.A. (SHU College of Arts and Sciences undergraduates only)*

Marital Status (optional): _____________________________

Racial Ethnic Group (optional):
☐ Asian/Pacific Islander
☐ Black or African-American
☐ Caucasian
☐ Native American/Native Alaskan
☐ Hispanic (Non-Puerto Rican)
☐ Puerto Rican
☐ Other: _____________________________

Any Certifications?: ________________________________________________________________

__________________________________________________________ Date ______/______/_______

Please include with your application:

PERSONAL STATEMENT: Write a one-page essay (two paragraphs) discussing why you should be admitted to the program of interest rather than an individual with similar qualifications. Include both short and long-term professional goals.

RESUME: Include your most current resume.
Recommendation Form

Name of Applicant _________________________________________________________________________________________

<table>
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<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
</tr>
</thead>
</table>

Home Address _________________________________________________________________________________________

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<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
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TO THE RECOMMENDER: The person whose name appears above is applying for admission to a Graduate Business Program. The program has the objective of providing qualified, mature individuals with an opportunity to strengthen their managerial competence in the area of business. Your assessment of the applicant will assist the Committee on Graduate Admission in its decision regarding his/her admission to the program.

The following questions suggest the type of information that the Committee finds useful, but this form is provided for convenience only, and your comments are welcome in whatever format you think suitable. We realize that we are asking for considerable time and effort on your part in providing information about the applicant. We want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated. Please return your recommendation in a sealed envelope, with your signature over the seal.

How long and in what capacity have you known the applicant?

______________________________________________________________________________________________

______________________________________________________________________________________________

What do you consider the applicant’s talents or strengths?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

What do you consider the applicant’s weaknesses?

______________________________________________________________________________________________

______________________________________________________________________________________________
Do you know of any personal circumstances or condition which might affect the applicant’s performance in the program? If so, explain.
_________________________________________________________________________________________________
_________________________________________________________________________________________________
In making your evaluation of this applicant, with what reference group are you making your comparison? 
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Keeping in mind your reference group, please indicate your appraisal of the applicant in terms of the qualities listed below.

<table>
<thead>
<tr>
<th>General Ability</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Good</th>
<th>Very Good</th>
<th>Outstanding</th>
<th>Truly Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lowest 40%</td>
<td>Middle 20%</td>
<td>Next 15%</td>
<td>Next highest 10%</td>
<td>Next highest 10%</td>
<td>Highest 5%</td>
<td></td>
</tr>
</tbody>
</table>

Judgment
Creative Qualities
Maturity
Initiative
Self-discipline
Leadership Potential

Please use the space below (and additional sheets if necessary) to make additional comments concerning the applicant. Comments regarding the applicant’s aptitude for graduate work and a career in business will be especially appreciated.

Recommender’s Signature_________________________________________________________________________
Recommender’s Name (please print)________________________________________________________________

Position or Title________________________________________________________________________________

Organization____________________________________________________________________________________

Address________________________________________________________________________________________

Number and Street     City     State     Zip Code

Date: _________________________________