



Have you been placed on probation, dismissed or suspended from any college or university for scholastic or other reasons?  Yes  No  
(If the answer to this question is "Yes," your personal statement should include any facts that you believe bear on the significance of this circumstance.)

**REFERENCES**

You need to provide three references who are acquainted with your academic or professional qualifications. Please do not use relatives. If possible, include at least one reference from a work supervisor. (This requirement is waived for international students who have never studied in the U.S.)

**ADDITIONAL INFORMATION**

Please name any professional credentials and/or licenses for California now held.

\_\_\_\_\_  
\_\_\_\_\_

List academic awards, prizes, honors, or fellowships. \_\_\_\_\_

\_\_\_\_\_

List non-academic distinctions (professional awards or honors): \_\_\_\_\_

\_\_\_\_\_

Military Service  Yes  No If yes: Branch \_\_\_\_\_ discharge date \_\_\_\_\_ (if applicable)

**List any professional positions that you have held during the past five years:**

Employer \_\_\_\_\_

Position Title \_\_\_\_\_ Dates employed \_\_\_\_\_

Employer \_\_\_\_\_

Position Title \_\_\_\_\_ Dates employed \_\_\_\_\_

Employer \_\_\_\_\_

Position Title \_\_\_\_\_ Dates employed \_\_\_\_\_

**PERSONAL STATEMENT:**

The Admissions Committee gives considerable weight to many qualitative factors in order to make admissions decisions. You must write a personal statement that includes facts about yourself and your background and development that you feel would be significant in such an evaluation, together with any explanations or comments called for elsewhere in this application.

**FINANCIAL AID:**

Do you plan to apply for financial assistance to help pay for tuition?  Yes  No

**PLEASE READ AND SIGN:**

I certify that to the best of my knowledge the information furnished in this application is true and complete. I understand that all application materials forwarded to the University become the property of the University and will not be released or returned to me or forwarded to another individual or institution. I agree to accept the appropriate University catalog as the basis for decisions about University programs and policies.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Thank You for Your Interest in the DPA Program at the University of La Verne.**

Return this form with a \$75.00 non-refundable application fee to:

*Graduate Admissions and Academic Services  
University of La Verne  
1950 3rd Street  
La Verne, CA 91750*