



2008–2009 Application for Graduate Admission

I am applying for the:

Master of Business Administration (MBA)

Concentration in:

- Accounting
- Finance
- Health Services Management
- Information Technology
- International Business
- Management & Leadership
- Marketing
- Managed Care
- Supply Chain Management

Online Master of Business Administration (MBA)

Concentration in Management & Leadership

Master of Science Leadership & Management (MSLM)

Master of Gerontology (MSG)

Concentration in:

- Gerontology Administration
- Health Services Management

Master of Health Administration (MHA)

At which location (city) will you be attending classes? _____

When do you plan to enroll?

- Fall 2008
- Winter 2009
- Spring 2009
- Summer 2009

Do you plan to apply for Financial Aid?

- Yes
- No
- Not sure

Have you previously been enrolled at the University of La Verne?

- Yes
- No
- When? _____

Return this application with a \$50 nonrefundable fee (check or money order) to:

**University of La Verne,
Regional Campus Administration,
Application Processing,
1950 Third Street, La Verne, CA 91750**

Additional application materials will be sent to you by your academic advisor.

Social Security Number _____/_____/_____

Birthdate _____/_____/_____

Legal Name _____
Last First Middle Name or Initial Maiden/Other Names

Mailing Address _____
Street City State Zip (5+4)

Phone: Home (_____) _____ Business (_____) _____ Ext. _____

Cell (_____) _____ E-mail _____

Name of Employer _____ Current Position _____

Employer's Address _____
Street City State Zip (5+4)

Self Employed No Yes; If yes, type of business _____

U.S. Citizen or permanent resident: Yes No; If no, current visa or citizenship status: _____

Country of Birth _____

Health Administration Applicants: Please indicate, if applicable, your valid California Medical License or Certificate (RN, LVN, Rad. Tech.)

License Category _____ Number _____

Educational Background

Official transcripts are required for (1) all course work completed in the last two years of undergraduate study (i.e., 60 semester hours) as well as those that include courses to be considered to fulfill a prerequisite, and (2) for all graduate course work. Request for transfer credit for previously completed graduate work must be evaluated by the program chair within the 1st term of enrollment. After the 1st term of enrollment transfer credit will not be awarded for courses completed prior to admission at La Verne. Transcripts must be from a regionally-accredited college or university. Official transcripts must be sent by the college or university directly to your La Verne administrative center. Transcript request forms with the appropriate La Verne campus address will be sent to you upon the receipt of this application. List all colleges or universities from which you are requesting transcripts. (La Verne transcripts will be obtained by the campus.)

Name of School	City & State	Dates Attended	Degree
----------------	--------------	----------------	--------

Your Undergraduate Major(s) _____

Estimated Undergraduate GPA: Below 2.50 2.50 -2.75 2.75 - 3.00 Above 3.0

Applicants whose undergraduate GPA is less than 2.50 must consult with their academic advisor to determine admission status before enrolling in any course.

Continued on Back

University of La Verne 2008–2009
Application for Graduate Admission

— Page 2 —

Please Provide All Of The Following Information:

1. List positions which you have held during the last five years or any that relate to the academic program for which you are applying.

Company

Position

Date

2. List academic awards, prizes, honors, fellowships or any nonacademic awards of distinction:

3. List any graduate courses previously completed which you believe might transfer into the program for which you are applying. Please supply a course description of any courses that are to be evaluated. Courses must have been completed within the past five years, with a grade of "B" or better, and not be part of your undergraduate degree.

College or University

Course #

Course Title

Date Completed

Equivalent La Verne Course

4. List below two references (not related to you) who are acquainted with your professional qualifications. Include at least one reference from your immediate supervisor. (Reference forms will be sent to you)

Name

Title

Name of Company

1. _____

2. _____

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 forwarded to another institution, nor returned to me. I also agree to accept the appropriate University catalog as the final basis for decisions about University policy.

Signature of Applicant _____ Date ____/____/____

Demographic Data

The information in this section will not be used to discriminate against applicants. The categories listed below are those developed by the federal government for statistical analysis.

Please Check The Boxes That Apply To You

Gender: Male Female

Ethnicity: (U.S. Citizens and U.S. Permanent Residents Only) Check One

American Indian/Alaskan Native

Caucasian

Asian American/Pacific Islander

Latino/Hispanic/Mexican-American

African-American/Black (Non-Hispanic)

Other _____

Please specify

Decline to state

Thank You for submitting your application.

We will be in touch with you to help you complete the admission process.

For Office Use Only

Application Fee Recorded _____ \$ _____ Receipt# _____