

THE SAMFORD M.B.A. PROGRAM

➔ Application for Enrollment

Program (check one)

M.B.A. M.B.A./J.D. M.B.A./M.Acc. M.B.A./M.S.N.

Applying to begin (check one)

Fall A Fall B Spring A Spring B Summer Year: _____

Personal Data (please type or print)

Last Name: _____ First Name: _____ Middle Name: _____

Preferred Name: _____ Social Security Number: _____

Present Citizenship: _____ Other Citizenship: _____

Optional

Marital Status: _____ Ethnic Origin: _____

Gender: _____ Date of Birth (month/day/year): _____ / _____ / _____

Permanent Address (residence)

Street: _____ Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Business Address

Job Title: _____ Employer: _____

Address: _____ Phone: (_____) _____ - _____

City: _____ State: _____ Zip: _____

Mailing Preference (check one)

Permanent Business

Graduate Management Admission Test [GMAT] (required for admission)

Date taken or scheduled to be taken: _____ / _____ / _____

Verbal Score: _____ Percentile: _____

Quantitative Score: _____ Percentile: _____

Total Score: _____ Percentile: _____

Analytical Writing Score: _____ Percentile: _____

Prior Education in Chronological Order of Attendance

Applicants must list every institution of higher education ever attended, regardless of whether a degree was received. Attach a separate list if necessary.

College/University: _____

City: _____ State: _____

Major(s): _____ Years Attended: _____

Degree: _____

College/University: _____

City: _____ State: _____

Major(s): _____ Years Attended: _____

Degree: _____

College/University: _____

City: _____ State: _____

Major(s): _____ Years Attended: _____

Degree: _____

Have you ever attended Samford University for academic credit? Yes No

If so, when? _____

Have you previously applied for admission to a graduate program offered through the Samford University School of Business? Yes No

If so, when? _____

In making this application, I acknowledge that Samford University is a Christian institution and that it has a right to expect student conduct that respects the institution's values. I certify that I have given full and complete information in this application.

I also acknowledge that admission to the Samford University Graduate Programs is a competitive process and understand that submission of the required documents and satisfaction of the minimum published admission guidelines do not guarantee acceptance.

Signature: _____ Date: _____



Personal Statement

Please answer the following question. Attach a separate sheet if needed.

Describe the three experiences that have been most significant in shaping your future personal and career goals, and explain how obtaining a Samford M.B.A. degree will assist you in reaching your goals.

Undergraduate Inventory Form

This inventory provides the program director with information about the applicant's academic background. This information is used to determine an applicant's course of study and is not used in admission decisions.

Please indicate if you took any of these courses at the undergraduate level by listing the official course title, where and when you took the course, and the grade earned. If you are not in possession of your college transcripts, feel free to estimate, using your best recollection.

Did you take?	Course Title	Where Taken	When Taken	Grade
Accounting I (Financial)				
Accounting II (Managerial)				
Economics I (Micro)				
Economics II (Macro)				
Business Finance				
Statistics I				
Statistics II				
Operations Management				

Please submit application materials to:

Director of Graduate Programs
School of Business
Samford University
800 Lakeshore Drive
Birmingham, AL 35229-2306
Phone: (205) 726-2931
Fax: (205) 726-2540

THE SAMFORD M.B.A. PROGRAM

Personal Recommendation Form, Graduate Program

(Top part of form should be completed by applicant.)

Last Name: _____ First Name: _____ Middle Name _____

Social Security Number: _____ Applying for the program beginning: _____

Phone: (_____) _____ - _____

I waive the right under Public Law 93-380 (Family Educational Rights and Privacy Act) to inspect this confidential recommendation when it becomes part of my admission file for the M.B.A. program at the School of Business, Samford University.

I do not waive the right to inspect this recommendation.

Signature: _____ Date: _____

To the evaluator:

This applicant seeks admission to the Master of Business Administration [M.B.A.] Program at Samford University. The purpose of the program is to broaden the perspectives of participants and to expand their ability to manage the complexities of present and future problems at senior organizational levels. The information requested will be used for the sole purpose of the graduate admission decision and will be held in confidence if the applicant waives the right of inspection. Please note that students who do not waive the right to inspect this recommendation may view your comments.

Please mail the completed form **and the attachment** (see number 2 on reverse) to: Director of Graduate Programs, School of Business, Samford University, 800 Lakeshore Drive, Birmingham, Alabama, 35229. Please note: Forms returned without the attachment are of limited value and only marginally enhance the applicant's file. We realize that considerable time and effort may be involved in preparing this evaluation, and we greatly appreciate your generous assistance.

Name of Evaluator: _____

Job Title: _____

Employing Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

If you have a Samford University M.B.A. or M.Acc., please indicate class year: _____

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

2. Please attach a description of the applicant's level of maturity, leadership experience, communication skills, interpersonal skills, innovative contributions and potential for career advancement. If you can compare the applicant with his or her peers, we would welcome such a comparison.

3. Using the chart below, please rate the applicant relative to other students or employees whom you have known in the past.

	Not observed	Weak (lower 25%)	Fair (middle 50%)	Good (top 25%)	Excellent (top 10%)	Outstanding (top 2%)
Judgment						
Ability to work with others						
Creativity						
Maturity						
Dependability						
Communication skills: oral						
Communication skills: written						
Ability to analyze a problem and formulate a solution						
Enthusiasm						
Potential for career advancement						

Signature: _____ Date: _____



School of Business

Transcript Request Form Graduate Program

To be completed by the applicant:
(Write name as it appears on graduate program application)

Last Name: _____ First Name: _____ Middle Name: _____

Name at time of enrollment: _____

Date of Birth: Month _____ Day _____ Year _____ Social Security #: _____ - _____ - _____ Sex: _____

School: _____

Dates of Enrollment: _____ Degree and Year: _____

I authorize release of a certified transcript to Samford University School of Business Graduate Programs.

Signature: _____

To the Registrar:

The person named above is applying for admission to a graduate program at the Samford University School of Business. In support of the application, please RETURN THIS FORM along with an official transcript of the applicant's work to: Director of Graduate Programs, School of Business, Samford University, Birmingham, AL 35229. If your grading system is not equivalent to A=4, B=3, etc., please supply an explanation. Thank you.

Samford University is an Equal Opportunity Institution and welcomes applications for employment and educational programs from all individuals regardless of race, color, sex, age, disability, or national or ethnic origin.



School of Business

Transcript Request Form Graduate Program

To be completed by the applicant:
(Write name as it appears on graduate program application)

Last Name: _____ First Name: _____ Middle Name: _____

Name at time of enrollment: _____

Date of Birth: Month _____ Day _____ Year _____ Social Security #: _____ - _____ - _____ Sex: _____

School: _____

Dates of Enrollment: _____ Degree and Year: _____

I authorize release of a certified transcript to Samford University School of Business Graduate Programs.

Signature: _____

To the Registrar:

The person named above is applying for admission to a graduate program at the Samford University School of Business. In support of the application, please RETURN THIS FORM along with an official transcript of the applicant's work to: Director of Graduate Programs, School of Business, Samford University, Birmingham, AL 35229. If your grading system is not equivalent to A=4, B=3, etc., please supply an explanation. Thank you.

Samford University is an Equal Opportunity Institution and welcomes applications for employment and educational programs from all individuals regardless of race, color, sex, age, disability, or national or ethnic origin.