



**MASTER OF BUSINESS ADMINISTRATION
PROGRAM**

**Application for Admission
(International Students)**

INSTRUCTIONS – PLEASE READ CAREFULLY

- *Print or type your response to every question included on this form.*
- *Enclose a \$25.00 non-refundable application fee. (International Money Order)*
- *Mail officially translated transcripts from all colleges or universities in which you have been enrolled. Transcripts should be evaluated by agencies, such as the World Education Service – <http://www.wes.org/>*
- *Request the Educational Testing Service to send an official copy of your Graduate Management Admission Test (GMAT) scores, and your scores from the Test of English as a Foreign Language (TOEFL) to our office. Our institution code is #5212.*
- *Provide two (2) individuals who know you well with the Recommendation Form. Have them complete the form and return it to you in a signed and sealed envelope.*
- *Each applicant must complete the Fayetteville State University Financial Statement. The Financial Statement must be authenticated by an official of the applicant's bank or the applicant's sponsor's bank. The Form I-20 will not be issued until evidence that you possess financial resources sufficient to attend the University is received.*
- *All documents should be mailed to:*

***MBA Program
School of Business and Economics
Fayetteville State University
1200 Murchison Road
Fayetteville, North Carolina 28301-4298
USA***



**MASTER OF BUSINESS ADMINISTRATION
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**Application for Admission
(International Students)**

1. Name: Last _____ First _____ Maiden or Middle _____

2. Address: _____

3. Telephone Number: Residence _____ Business _____

4. E-Mail Address _____

5. Permanent Address (If different from above)

6. Sex: Male () Female ()

7. Date of Birth: _____ Place of Birth: City _____ State/Country _____

8. Ethnic Information: White () Black ()

American Indian/Alaskan Native ()

Asian or Pacific Islander () Hispanic ()

9. **Emergency Contact Person: Name** _____
Address _____

Telephone: _____

10. **When do you plan to enroll? (Term, Year)** _____

11. **List the following information about your undergraduate and graduate institution(s) and degree(s):**

<i>Name of School and Address</i>	<i>Degree Awarded</i>	<i>Major</i>	<i>Graduation Date</i>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. **List your employment experience, full and part-time, most recent first.**

<i>Dates of Employment</i>	<i>Firm/Organization</i>	<i>Position</i>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

13. **List any other information which may support your application.**

I hereby affirm that all information on this application is complete and accurate. I understand that withholding information or giving false information will result in denial of admission or dismissal after admission.

Signature **Date**



**MASTER OF BUSINESS ADMINISTRATION
PROGRAM**

Recommendation Form

Applicant's Name: _____

To the Applicant: Please enter your name above. Provide each recommender with a copy of this form.

To the Recommender: Please complete this form and return it to the applicant in a sealed envelope with your signature across the seal. This recommendation is a required part of our admission process, so your prompt response is important. Your candid assessment of that applicant will greatly assist us in making a decision which is good both for the applicant and the program. We appreciate the time and effort you are making to provide us with this information.

How long have you known the applicant? _____ years _____ months

Under what circumstances have you known the applicant?

In your opinion, is the MBA program the candidate is applying for appropriate at this time in his/her career? Why or why not?

=====

Please appraise the applicant in terms of the qualities listed below. Rate the applicant in comparison with other students or employees in the same area.

	Superior	Above Average	Average	Below Average	Not Observed
Leadership Potential					
Motivation					
Maturity					
Ability to work with others					
Self Confidence					
Oral Expression					
Written Expression					
Analytical Skills: problem recognition, structuring, and solving					

=====

Please comment about the applicant's record, potential, or personal qualities.

Recommend with: Confidence _____ Reservation _____ Not Recommend _____

Signature: _____ Date: _____

Name: _____

Title: _____

Organization or Institution: _____

Address _____



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Please comment about the applicant's record, potential, or personal qualities.

Recommend with: Confidence _____ Reservation _____ Not Recommend _____

Signature: _____ Date: _____

Name: _____

Title: _____

Organization or Institution: _____

Address _____



2006-07 International Student Certification of Finances Guidelines

Please read prior to completing this form.

The purpose of the *Certification of Finances* is to help colleges and universities obtain complete and accurate information about the funds available to international applicants who want to study in the United States. Strict government regulations, rising educational costs, and economic conditions have made verification of financial resources of international applicants essential. Institutions do not have the option of deciding whether or not to verify the financial resources of their international applicants; financial verification must be made prior to institutional issuance of Certificate of Eligibility (Form I-20 or DS-2019).

This form is designed to standardize financial information provided by applicants to colleges, universities, and U.S. consuls. By completing and returning this form to the college/university requiring it, an applicant, if admitted, may obtain that college's authorization and issuance of a Certificate of Eligibility (Form I-20 or DS-2019). If parents and/or sponsors are unable to obtain a bank official's verification, it is recommended that institutions forward a copy of the International Student Financial Aid Application to the family for completion. The institution should attach a copy of this *Certification* to the Certificate of Eligibility. U.S. consuls scrutinize the statements of financial resources given by nonimmigrant visa applicants. This *Certification* will help such officials make their decisions and expedite visa issuance.

Return this form directly to the college that provided or requested it. Do not send it to the College Board.

The space below is for optional use by issuing institutions for listing student's expected annual budget.

1. YOUR NAME Mr. _____ Ms. _____ Mrs. _____ Miss _____ FAMILY (Surname) GIVEN (First) MIDDLE	4. DATE OF BIRTH <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">MONTH _____</td> <td style="width: 33%;">DAY _____</td> <td style="width: 33%;">YEAR _____</td> </tr> </table>	MONTH _____	DAY _____	YEAR _____	7. EXPECTED VISA TYPE <input type="checkbox"/> Academic or language training (F) <input type="checkbox"/> Nonacademic vocational (M) <input type="checkbox"/> Exchange visitor (J) <input type="checkbox"/> Immigrant (PR) <input type="checkbox"/> Diplomatic or official (A or G) <input type="checkbox"/> Other (Specify) _____
MONTH _____	DAY _____	YEAR _____			
2. PERMANENT ADDRESS _____ _____	5. PLACE OF BIRTH (country) _____				
3. MAILING ADDRESS (If different from above) _____ _____	6. COUNTRY OF CITIZENSHIP _____				

8. Enter the expected amount of annual support from the sources listed below. Enter amounts in U.S. dollars. Please PRINT all entries. Use an additional sheet of paper for explanations, if necessary.

STUDENT'S SOURCES OF FUNDS	ASSURED SUPPORT	PROJECTED SUPPORT			
	2006-07	2007-08	2008-09	2009-10	
8a. PERSONAL OR FAMILY SAVINGS					
NAME OF BANK _____ A bank official's signature is required on the certification if the student is partially or totally supported by personal savings.					
8b. PARENTS					
Money available from sources other than savings. FATHER'S NAME _____ MOTHER'S NAME _____ Please describe the source: _____					
8c. SPONSORS					
Money available from sources other than parents. SPONSOR'S NAME _____ SPONSOR'S NAME _____ Please describe the source: _____					
8d. YOUR GOVERNMENT					
NAME OF AGENCY _____ Enclose with this form a signed copy of your letter of award.					
TOTAL ▶	\$ _____	\$ _____	\$ _____	\$ _____	

9. OFFICIAL CERTIFICATION OF SOURCES OF FUNDS AND AMOUNTS
 This is to certify that I have read the information furnished by the applicant on this form, that it is a true and accurate statement, and that the funds are available and will be provided as indicated.

SIGNATURE OF BANK OFFICIAL _____
 TITLE _____
 NAME OF BANK _____
 ADDRESS OF BANK _____
 DATE _____

Parent's signature is required (see certification statement above).
 SIGNATURE OF PARENT _____
 ADDRESS _____
 DATE _____

Sponsor's signature is required (see certification statement above).
 SIGNATURE OF SPONSOR _____
 ADDRESS _____
 RELATIONSHIP OF SPONSOR TO STUDENT _____
 DATE _____

10. What is the present exchange rate of your country's currency to the U.S. dollar (for example, 3,100 pesos = \$1)? _____ = \$1

11. Does your government currently impose restrictions on exchange and release of funds for study in the U.S.? Yes No **If YES, describe restrictions.** _____

12. Do you have a source for emergency funds once you arrive in the U.S.? Yes No **If YES, name source.** _____
 Amount available _____ in U.S. dollars \$ _____

13. How will you pay for your transportation to the U.S.? _____

14. What is the total amount of money you expect to have when you arrive at this institution? . . . U.S. \$ _____

15. Do you plan to remain in the U.S. during the summer? Yes No

16. If remaining in the U.S., do you plan to attend summer school? Yes No

17. What are the sources and amounts of support available to you during the summer? AMOUNT

SOURCES: _____ U.S. \$ _____
 _____ U.S. \$ _____
 _____ U.S. \$ _____
 _____ U.S. \$ _____

18. A CERTIFICATE OF ELIGIBILITY (Form I-20 or DS-2019) will not be authorized until this form is completed and returned to the institution to which you are applying. I certify that the information on this form is true, correct, and complete. I understand that any misrepresentation may be cause for refusing or revoking admission. The institution will attach a copy of this form to your CERTIFICATE OF ELIGIBILITY. Both the form and certificate must be shown to the U.S. Consul to obtain a visa. SIGNATURE OF STUDENT _____ DATE _____

FOR OFFICE USE ONLY

SIGNATURE OF COLLEGE OFFICIAL _____ TITLE _____
 NAME OF INSTITUTION _____
 ADDRESS _____ DATE _____