



**MASTER OF BUSINESS ADMINISTRATION  
PROGRAM**

**Application for Admission**

***INSTRUCTIONS – PLEASE READ CAREFULLY***

- *Print or type your response to every question included on this form.*
- *Enclose a \$25.00 non-refundable application fee. (Cashier's check or money order. No personal out-of-state checks accepted.)*
- *Mail the attached Transcript Request Form to all colleges or universities in which you have been enrolled. Professional Development students are required to furnish either an official copy of a baccalaureate degree transcript or an official transcript depicting graduate studies. Please note that many schools have transcript request backlogs of several weeks; therefore it is crucial that you submit your request promptly.*
- *Request the Educational Testing Service to send an official copy of your Graduate Management Admission Test (GMAT) scores 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.*
- *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

### Application for Admission

1. **Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Maiden or Middle \_\_\_\_\_
2. **Address:** Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
3. **Telephone Number:** Residence (\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_) \_\_\_\_\_
4. **Social Security Number:** \_\_\_\_\_
5. **Permanent Address (If different from above)**  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
6. **Are you a resident of North Carolina?** \_\_\_\_\_  
**If yes, what County?** \_\_\_\_\_ **Number of Years?** \_\_\_\_\_  
**If no, are you a member of the Armed Services or a Dependent Relative?** \_\_\_\_\_
7. **Sex:** Male ( ) Female ( )
8. **Date of Birth:** \_\_\_\_\_ **Place of Birth:** City \_\_\_\_\_ State/Country \_\_\_\_\_
9. **E-Mail Address:** \_\_\_\_\_

10. **Citizenship:** U.S. Citizen( ) Resident Alien( ) Non-Resident Alien( )

11. **Ethnic Information:** White( ) Black ( ) American Indian/Alaskan Native( )  
Asian or Pacific Islander( ) Hispanic( )

12. Are you a veteran? \_\_\_\_\_ Will you be receiving VA educational entitlements? \_\_\_\_\_

13. **Emergency Contact Person:**

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_

14. When do you plan to enroll? (Term, Year) \_\_\_\_\_

15. Applying for admission as: Degree Seeking( ) Professional Development( )

16. Have you taken the Graduate Management Admission Test? (GMAT)

If yes, when? \_\_\_\_\_

If no, when do you plan to take it? \_\_\_\_\_

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

*Dates of Employment*

*Firm/Organization*

*Position*

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**19. Describe your military experience and record, if appropriate.**

**20. 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.***

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*Signature* *Date*

## ***Transcript Request***

To the Registrar of \_\_\_\_\_

***Name of School You Attended***

***Please forward a copy of the transcript for:***

***Name*** \_\_\_\_\_

***Street*** \_\_\_\_\_

***City*** \_\_\_\_\_ ***State*** \_\_\_\_\_ ***Zip Code*** \_\_\_\_\_

***Social Security Number*** \_\_\_\_\_

***I last attended your school*** \_\_\_\_\_

***Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

***Please mail to the following address:***

***MBA Program***

***School of Business and Economics***

***Fayetteville State University***

***1200 Murchison Road***

***Fayetteville, North Carolina 28301-4298***



**MASTER OF BUSINESS ADMINISTRATION  
PROGRAM**

**Recommendation Form**

*Applicant's Name:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_

*To the Applicant: Please enter your name and social security number 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?*

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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: \_\_\_\_\_*

*Street \_\_\_\_\_*

*City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_*



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*Name: \_\_\_\_\_*

*Title: \_\_\_\_\_*

*Organization or Institution: \_\_\_\_\_*

*Street \_\_\_\_\_*

*City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_*