Indiana University of Pennsylvania

Eberly College of Business and Information Technology

INSTRUCTIONS FOR COMPLETING APPLICATION

*M*aster of *B*usiness *A*dministration

The Eberly College of Business and Information Technology uses a rolling admissions process. This means that applications are reviewed soon after all required items have been received. Admission decisions are made throughout the year for fall (August), spring (January) and summer (June) starting dates.

All Applicants:

1. Complete the Application of Admission form. Please type or print clearly.
2. Complete the enclosed Application Fee Card and enclose the $30 nonrefundable.
   Please contact the Accounts Receivable office (724-357-2207) to pay by credit card.
3. Official transcripts/mark sheets from every college or university you have attended regardless of whether or not you earned a degree. If original transcript is not in English, a certified English translation must be submitted. Transcript must include proof of degree completion. If not, certified copy of degree/diploma must be submitted. (IUP graduates need not submit official transcripts of degrees obtained at IUP). Transcripts must be sealed by the registrar and remain sealed until their arrival at the Graduate School or sent directly from the registrar's office.
4. Two letters of recommendation from one of your professors if you attended a university/college within the last two years. If not they could be professional letters of recommendation (supervisors, clients, etc.) Letters of recommendation can be submitted using the form provided or on the official letterhead of the recommender.
5. Copy of your latest GMAT score. Official scores must also be sent directly from ETS. (A minimum total GMAT score of 450 is required for further review of the application).
6. Goal statement (one page on why you want to do the MBA) signed and dated.
7. A copy of your recent resume.
8. Complete Confidential Affirmative Action Applicant Date Form.

International Applicants:

1. A Foreign Student Financial Statement must be submitted in addition to the application materials listed previously. Foreign students must document the ability to assume full responsibility for the cost of graduate education. The estimated amount needed for the 2003-2004 academic year is $15,600 for graduate students for food, housing, travel, books, and fees(subject to change). Financial sponsors must also sign our Foreign Student Financial Statement.
2. Official TOEFL score of at least 200 on computerized test or 533 on paper test must be submitted directly by ETS. If you have graduated with a degree from an accredited American institution of higher education, the TOEFL will be waived after you have provided IUP with an official copy of the transcript showing the degree conferred.

The completed application packet with all items should be mailed to:

Ms. Karen Davis
MBA Program Secretary
402 Eberly College of Business
and Information Texhnology
Indiana University of Pennsylvania
Indiana, PA 15705-1071

Make sure to arrange for **official** GMAT/TOEFL scores to be sent to IUP (institution code 2652). Letters of recommendation if not enclosed with the application packet can be faxed to 724 357 6232. (Signed originals must still be mailed to the address above.) After mailing your application form, please e-mail Ms. Karen Davis (kjdavis@iup.edu) information about your application submission so that we can acknowledge receipt. Admission decisions are made within three to four weeks after all required materials have been received. Once the MBA admissions committee makes the decision, we will inform you of the results immediately by e-mail.

Application for Admission

THE GRADUATE SCHOOL AND RESEARCH ■ INDIANA UNIVERSITY OF PENNSYLVANIA
Stright Hall, Room 101, 210 South Tenth Street, Indiana Pennsylvania 15705-1081 ■ **Phone:** 724-357-2222 ■ **Fax:** 724-357-4862
■ **E:mail** graduate_admissions@iup.edu ■ www.iup.edu/graduate

1. Last Name, Family Name | Full First Name/Given Name | Middle Name | Former, Other Names Used

2. Social Security Number (if applicable) | Home Phone | Business or School Phone | E-Mail Address

3. Permanent Address | No/Street | City | State | Zip Code | Country

4. Mailing Address | No/Street | City | State | Zip Code | Country
☐ Yes ☐ No

5. US Citizen | Country of Birth | County of Residence (if Pennsylvania)

6. Resident Alien ☐ Yes ☐ No If yes, photocopy of resident alien card required with application

7. Were you ever convicted of a felony? ☐ Yes ☐ No

8. Department and/or program (Please complete)

Program Sought: ☐ MA ☐ M.Ed ☐ MBA ☐ MFA ☐ D.Ed. ☐ Ph.D. ☐ Psy.D. ☐ Nondegree Certification ☐ COR

9. Intended status of enrollment ☐ Full-Time ☐ Part-Time Year _____ Session: ☐ Spring ☐ Summer ☐ Fall

10. Program Location: ☐ Indiana ☐ Dixon Center (Harrisburg) ☐ Monroeville ☐ Johnstown ☐ Armstrong Campus (Kittanning)

11. Have you previously applied for graduate admission to IUP? ☐ Yes ☐ No If yes, when? _____
If No, please indicate check or money order number here _____ (We will accept checks, traveler's checks, or money orders only from a US source)

12. List in chronological order all colleges and universities attended, an official transcript of each is required.

College or University	Country/State if US	From Month/Year	To Month/Year	Major	Degree Completed	Month/Year
		/	/			/
		/	/			/
		/	/			/

13. Credential(s) held (such as licensure, certification—include dates)

14. Overall UGPA based on 4.0 scale _____ UGPA in Major _____ Overall GGPA based on 4.0 scale (if any) _____

15. If you have taken the GRE, GMAT, MAT or TOEFL, list your scores and dates of examination.

GRE:	Verbal	Quantitative	Analytical	Subject Test	Field	Date
MAT:	Score					Date
GMAT:	Verbal	Quantitative			Total	Date
TOEFL:	Section 1	Section 2	Section 3	Section 4	Total	Date

16. Foreign languages read and/or spoken, statistics, computer language proficiency (specify level or proficiency in teaching)

17. Fellowships, scholarships, academic honors received. List and give dates.

18. Employment History

Employer	Position	Inclusive Dates
Employer	Position	Inclusive Dates
Employer	Position	Inclusive Dates

19. Signature | Date

Foreign Student Financial Statement

THE GRADUATE SCHOOL AND RESEARCH ■ INDIANA UNIVERSITY OF PENNSYLVANIA
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It is necessary that IUP have adequate information regarding a foreign student's financial resources. The purpose of this Financial Statement is to demonstrate that you or your sponsor are capable of **full financial responsibility** for your tuition, fees, books, housing, etc. during your graduate studies at IUP. This information will be kept confidential. Please convert all sums to US dollars. Assistantships cannot be used to indicate financial support on IUP's *Foreign Student Financial Statement Form.*

1. Last name/family name First full name/given name

2. Current mailing address

3. Country of citizenship

4. Date of birth (optional) / / **5.** Gender (optional): ☐ Male ☐ Female

6. Name of sponsor: (if different from name of applicant)

7. What is the total amount of money you or your sponsor will provide for your education? US$

8. Are you financially dependent upon your parents? ☐ Yes ☐ No If yes, complete the following:

Father's name Mother's name

Father's occupation Mother's occupation

Father's annual income (after taxes) Mother's annual income (after taxes)

(US Dollars) $ (US Dollars) $

If you are dependent, how many other dependents does your family have who are currently attending a college or university?

Note: IUP cannot be responsible in any way for dependents accompanying you to the US and will not provide for dependents.

9. What is the total amount of your (student's) personal savings US $

10. Are you independent ☐ Yes ☐ No What is your income? US $

11. Does your home country have any current restrictions which might limit the amount of money you can bring with you to the US?
☐ Yes ☐ No If so, please specify?

12. What is the total amount of money your parents will provide for your education? US $

13. What is the total amount of money your sponsor (if other than parents or yourself) will provide for your education? US $

14. How much money will you have for your first year of study from all sources?

Personal savings: US $

Family income: US $

Sponsor: US $

Other Source: US $

Total for First Year: US $

15. If you plan to study for a degree at IUP, will you have the above amount for each year of study? ☐ Yes ☐ No
If not, what amount will you have US $

16. If you are already in the US, what type of visa do you now have?

CERTIFICATION OF APPLICANT: I hereby certify that the information given on this form is complete and accurate. If not, I recognize the right of IUP to cancel my admission.

Signature of applicant: Print name Date

Certification of parent (if the student answered yes to #8 above): I hereby certify that the information on this form is complete and accurate.

Signature of parent: Print name Date

Certification of parent (if different from student and parent): I hereby certify that the information on this form is complete and accurate.

Signature of sponsor: Print name Date

Graduate Assistantship Application

THE GRADUATE SCHOOL AND RESEARCH ■ INDIANA UNIVERSITY OF PENNSYLVANIA
Stright Hall, Room 101, 210 South Tenth Street, Indiana Pennsylvania 15705-1081 ■ **Phone:** 724-357-2222 ■ **Fax:** 724-357-4862
■ **E:mail** graduate_admissions@iup.edu ■ www.iup.edu/graduate

Please submit the following application to the Graduate School and Research, candidates for assistantship must first be admitted full-time to the Graduate School and Research before appointment as a graduate assistant.

1. Last Name First Name Middle Name

2. Street City State Zip Code Country

3. Social Security Number Phone Number (Home) Phone Number (Office)

4. Colleges/Universities Attended Degree and Date Conferred Major Total Grade Point Average

5. List Work Experience Relevant to your Proposed Program of Study:

Position Location Dates

6. Date you plan to begin graduate studies at IUP

7. For what academic year are you applying for an assistantship?

8. Degree sought

9. Program

10. Awards, honors, or scholarships received and date

Applicant's Signature Date

Academic Recommendation Form

THE GRADUATE SCHOOL AND RESEARCH ■ INDIANA UNIVERSITY OF PENNSYLVANIA
Stright Hall, Room 101, 210 South Tenth Street, Indiana Pennsylvania 15705-1081 ■ **Phone:** 724-357-2222 ■ **Fax:** 724-357-4862
■ **E:mail** graduate_admissions@iup.edu ■ www.iup.edu/graduate

Applicant's Name | Social Security Number

Address | Telephone ( ) -

Name of Recommender | Title

If admitted, I understand that I have the right to inspect my file upon request under the conditions outlined in the Family Educational Rights and Privacy Act of 1974

☐ I **do** give up the right of access to this recommendation ☐ I **do not** give up the right of access to this recommendation

Applicant's signature

To the Recommender: If the "I do not" box is checked above, the applicant will be permitted to read your recommendation if requested.

In completing the letter of recommendation, please indicate how long you have known the applicant, in what capacity, whether you have taught the applicant in any course(s), and if so, which courses and at what level. Also please comment on the potential ability of the applicant in any areas you believe relevant to the proposed program of study. Please feel free to attach additional pages.

The applicant has taken: ☐None of my classes ☐ One of my classes ☐ Two or more of my classes

☐ Strongly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Do Not Recommend

Signature | Print Name Here

Position | Business Phone

Business Address | Email

Citiy/State/Zip | Date

Professional Recommendation Form

THE GRADUATE SCHOOL AND RESEARCH ■ INDIANA UNIVERSITY OF PENNSYLVANIA

Stright Hall, Room 101, 210 South Tenth Street, Indiana Pennsylvania 15705-1081 ■ **Phone:** 724-357-2222 ■ **Fax:** 724-357-4862

■ **E:mail** graduate_admissions@iup.edu ■ www.iup.edu/graduate

Applicant's Name _____ Social Security Number _____

Address _____ Telephone ( ) - _____

Name of Recommender _____ Title _____

If admitted, I understand that I have the right to inspect my file upon request under the conditions outlined in the Family Educational Rights and Privacy Act of 1974

☐ I **do** give up the right of access to this recommendation ☐ I **do not** give up the right of access to this recommendation

Applicant's signature _____

To the Recommender: If the "I do not" box is checked above, the applicant will be permitted to read your recommendation if requested.

In completing the letter of recommendation, please indicate how long you have known the applicant, in what capacity. Also, please comment on the potential ability of the applicant in any areas you believe relevant to the proposed program of study. Please feel free to attach additional pages.

☐ Strongly Recommend ☐ Recommend ☐ Recommend with Reservations ☐ Do Not Recommend

Signature _____ Print Name Here _____

Position _____ Business Phone _____

Business Address _____ Email _____

Citiy/State/Zip _____ Date _____

The Graduate School and Research Application Fee Card

Enclosed is the $30 application fee (check or money order number _____). I understand this amount is required before the Graduate School and Research will process my application and is not refundable. Check or money order should be payable to Indiana University of Pennsylvania. I **have noted my social security number on my check or money order** (do not mail cash).

Mail $30 application fee and this card with your application to:

The Graduate School and Research
Indiana University of Pennsylvania
Stright Hall, Room 101
210 South Tenth Street
Indiana Pennsylvania 15705 1081

Signature _____

Name (Please print) _____

Street Address _____

City _____ State _____ Zip Code _____

Country _____

Social Security Number _____

Information for International Students:

Concerning the application fee, due to the procedural changes in the Pennsylvania banking system, we are no longer able to accept foreign checks. There are four acceptable options:

- You may submit a check drawn on a US bank. The check must have a bank computer number code at the bottom.
- You may submit a US or foreign postal money order.
- You may submit a traveler's check that has been signed by you in both areas on the front.
- To pay by credit card, contact the Accounts Receivable Office at 724 357 2207.

We are sorry for any inconvenience this may cause, but we must comply with US banking regulations.

Confidential Affirmative Action Applicant Data Form

IUP is an equal opportunity/affirmative action institution. This information is requested in order to help us assess the constituents we serve and will not be utilized in the admission determination. Please return this optional information card along with your application.

Name _____

Country of Birth _____

Country of Citizenship _____

Country or State of Legal Residence _____

County (if PA) _____

Ethnic Identity: (Please check one only)

- ☐ White-Non-Hispanic Origin
- ☐ Black-Non-Hispanic Origin
- ☐ Hispanic
- ☐ American Indian/Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Non-resident Alien
- ☐ Resident Alien (Proof required with application)

Gender ☐ male ☐ female

Date of High School Graduation _____

Social Security Number _____

If you attended a college or university other than IUP, are you in good disciplinary standing at the other university ☐ Yes ☐ No

Department to which you seek admission _____

Date of Birth: ___/___/___
Mo. / Day / Year

Signature _____ _____

Warning: any use of this material for purposes not stated herein or use by unauthorized personnel is punishable under the law of the Commonwealth.