

Looking for a fast response?
This form can also be submitted online at:
<http://www.thedallasmba.com/admissions.cfm>

Please use this application form if you are a U.S. Citizen or Green Card Holder.

Year _____ Spring Spring II Summer Summer II Fall Fall II

Last Name (Family/Surname)	First Name	Middle Name	Other Last Names
Social Security Number	E-mail	Preferred Name	
Permanent Address	Street	City	State
Country	Postal (Zip) Code	Telephone	Fax
Mailing Address	Street	City	State
Country	Postal (Zip) Code	Telephone	Fax

County of Texas Residence (Texas Residents Only): _____

Date of Birth* (Month/Day/Year) *Please list at least Month/Day* _____ Place of Birth* (City/State/County) _____

Gender:* Male Female Marital Status:* Single Married Religion* _____

Ethnicity:* Black, non-Hispanic Hispanic American Indian or Alaskan Asian or Pacific Islander White, non-Hispanic

Have you previously applied for admission to the University of Dallas Graduate School of Management? Yes No

If yes, were you admitted? Yes No Did you attend? Yes No Are you applying for re-admission? Yes No

Do you wish to attend as a full-time part-time student? Are you eligible to receive U.S. Veteran's benefits? Yes No

I will be taking courses via Internet only. Yes No

** Information marked with an asterisk is requested, but optional. This information is used for statistical purposes only.*

PLEASE CHECK THE STATEMENTS THAT APPLY TO YOU

I am a United States Citizen.

I am a Permanent Resident of the U.S.: Yes, I have a green card (please provide photocopy of front and back).

County of Citizenship _____ Alien Registration Number _____ Date of Issue _____

EDUCATIONAL HISTORY

List below every college and university (any school after high school) which you have attended. Include schools at which you did not earn a degree. Failure to list all institutions will jeopardize your admission to and enrollment in the Graduate School of Management. Transcripts from these institutions must be mailed directly to the Graduate School of Management Office of Admissions by the issuing institution. If necessary, continue on a separate sheet.

Name of Institution	Location	Major Course of Study	Attended From – To	Degree(s) Earned	Overall G.P.A.

If your name has changed since attending any of the above institutions, please list your name as it appears on the transcript: _____

GMAT Score (if applicable): _____ Test Date: _____

Are you now attending any institution, college or university? Yes No Institution Name: _____

GRE Quantitative: _____ GRE Verbal: _____ GRE Written: _____ GRE Test Date: _____

