

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 or will be attending on a visa of any type.

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
Date of Birth (Month/Day/Year)		Place of Birth (City/State/Country)	
Country of Citizenship: _____			
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	
Religion* _____			

PLEASE CHECK ONE

- I will attend classes in the U.S. on a non-immigrant visa. (F-1, J-1, H-1, etc.)
- I will take internet classes only from OUTSIDE the U.S. (No visa is required)

Visa Information: (required for students attending school in the U.S.)

Are you presently residing in the U.S.? Yes No

If yes, what is your current visa status: F-1 J-1 H-1 L-1 TN Other: _____

On what visa status will you attend the University of Dallas?

- The status checked above
- I want to apply for a change of status to: F-1 J-1 Other: _____

If you are on an F-1 or J-1 visa, where are you currently enrolled? _____

If you are presently an OPT, when will it expire? _____

PLEASE CHECK ALL THAT APPLY TO YOU

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

TOEFL Score _____ Test Date _____

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: _____

DEGREE PLAN

Please indicate to which degree program you are applying:

- Master of Business Administration Master of Management Master of Science MBA for JDs Certificate Program

For which status are you applying?

- Degree Seeking Special Audit

Which Concentration are you most interested in pursuing? Please rank your top three choices (*Note: you will be assigned your number one choice at the time of application*).

	MBA	MS	MM	Cert		MBA	MS	MM	Cert		MBA	MS	MM	Cert		MBA	MS	MM	Cert
ACCOUNTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FINANCIAL SERVICES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MARKETING MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SUPPLY CHAIN MGMT & MARKET LOGISTICS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCT & INFO SYSTEMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GLOBAL BUSINESS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOT-FOR-PROFIT MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TELECOM MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUSINESS MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HEALTH SERV MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ORGANIZATIONAL DEV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNIV ADMINISTRATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORPORATE FINANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HR MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROJECT MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INTERDISCIPLINARY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENGINEERING MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INFO ASSURANCE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPORTS & ENT MGMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UNDECIDED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENTREPRENEURSHIP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INFO TECHNOLOGY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STRATEGIC LEADER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

Do you intend to pursue the MS-MBA? Yes No

EMPLOYMENT INFORMATION

Current Employer (Company, Division)	Number of Years with Current Employer
Position	Telephone Number
Company Mailing Address	Fax Number
City/State/Postal (Zip) Code	E-mail Address

List below any professional affiliations, honors, fellowships and verifications (e.g. CPA, etc.):

How did you hear about the Graduate School of Management? Indicate as many as apply:

- | | | |
|------------------------------------|-------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Internet | <input type="checkbox"/> Company Education Day/Office | <input type="checkbox"/> GSM Student/Alumni |
| <input type="checkbox"/> Newspaper | <input type="checkbox"/> University Education Office | <input type="checkbox"/> Other Publication: |
| <input type="checkbox"/> Friend | <input type="checkbox"/> MBA Fair | <input type="checkbox"/> Other (specify): |

STATEMENT OF ENGLISH PROFICIENCY (*For students whose native language is not English*)

Graduate students whose native language is not English will be required to take an English Language Proficiency Examination when they arrive at the University of Dallas. Remedial courses may be assigned to graduate students whose scores indicate the need for remediation. Students who are required to take remedial courses may require additional time to complete their degree.

I understand that if I am admitted to the University of Dallas, Graduate School of Management, I will be tested to determine my proficiency in the English language. On the basis of this test, I may be required to take English courses for international students. If I do not achieve satisfactory test scores, I will be required to register for intensive English. I also understand that these classes may extend the time required to complete my degree.

Signature – Agreement to English Proficiency	Date of Application
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VERIFICATION

I certify that the information given in this application is complete and accurate. I recognize the right of the University of Dallas to deny my admission and/or enrollment if I have misrepresented any information in this application. I have read and fully understand the instructions in this application, and I will have all required documents sent to the University as outlined in the application instructions.

Signature of Applicant	Date of Application
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Applicants should send the required documents to:

University of Dallas, Graduate School of Management
 Office of Admissions
 1845 East Northgate Drive
 Irving, Texas 75062-4736 U.S.A.
 Telephone: 1-800-832-5622
 Fax: 972-721-4009