

Ithaca College School of Business

Application for Admission — Master in Business Administration

Please type or print in black ink. Return the completed application to:
 Dean of Graduate Studies, Ithaca College, 111 Towers Concourse, Ithaca, NY 14850-7142
 phone 607-274-3527 fax 607-274-1263 e-mail gradstudies@ithaca.edu

Mr./Ms. _____
Last First Middle (Maiden)

Legal address: _____
Street and number City State Zip

Mailing address: _____
Street and number City State Zip

Present position: _____ Date of birth _____

Telephone: Home _____ Work/School _____ E-mail _____

Country of citizenship _____ Social Security No. _____

Colleges attended:

Institution	Dates	Major	Credits	Degree

Official transcripts of all academic work beyond secondary school must be sent directly to the dean of graduate studies.

Previous full-time employment:

Institution	Dates	Position title

Applicant's official GMAT scores must be sent directly to the dean of graduate studies.

Have you taken the GMAT? yes What was your score? _____
 no When do you plan to take the GMAT? _____

In what semester/year do you plan to begin the M.B.A. program? ____ / ____ Do you plan to study full-time or part-time?
 Students who are not native English speakers and who have completed their baccalaureate studies in a language other than English are required to submit a TOEFL score.

Have you taken the TOEFL? yes What was your score? _____
 no When do you plan to take the TOEFL? _____

A number of institutional scholarships are awarded to full-time students of exceptional academic ability regardless of their financial need. Do you wish to be considered for a merit scholarship? yes no

If you are a part-time student, please explain why you wish to be considered for a merit scholarship:

Recommendations (List the persons you have asked to write a recommendation evaluating your academic ability and/or performance.)

Name	Position	Address

Please list the other schools to which you are applying:

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Essay — On separate sheets of paper, please describe your professional objectives and tell us, in your opinion, how Ithaca College's M.B.A. program will help you to achieve them.

US citizens and permanent residents only — Please indicate your racial or ethnic origin (response optional). If multiracial, please check all that apply and circle the one with which you most strongly identify.

- Black or African American American Indian or Native American Asian, Asian American, or Pacific Islander
 Hispanic or Latino White, Anglo, or Caucasian (non-Hispanic)

Are you a nonresidential alien? no yes Length of time in the U.S. _____

Any additional information you might wish to give concerning undergraduate preparation, graduate study, professional experiences and interests will be helpful and is encouraged. Please use the reverse side of these forms.

A nonrefundable fee of \$40 must accompany this application. Checks should be made payable to Ithaca College.

Signature

Date

Ithaca College School of Business M.B.A. Program
Recommendation for Graduate Study

Please fill out and return to Dean of Graduate Studies, Ithaca College, 111 Towers Concourse, Ithaca, NY 14850-7142, 607-274-3527

Mr./Ms _____ has applied for admission to a program of study at Ithaca College leading to the Master of Business Administration degree. The applicant has informed us that you would submit a personal recommendation in support of the application. The Graduate Committee on Admissions would appreciate having you write a statement in the space below and return it as soon as possible so that the applicant may be given prompt consideration. Please use the back of this form if necessary or your own stationery if you prefer.

Name _____ Occupation or Position _____

Address _____

I understand that, pursuant to federal statute Public Law 93-330, the above letter of reference may be reviewed by the person for whom it is submitted as part of his or her record at Ithaca College.

Signature

Date

Candidate's signature—in compliance with Public Law 93-330:

- I waive my right to view this evaluation.
- I do not waive my right to view this evaluation.

Signature

Date