



MASTER OF BUSINESS ADMINISTRATION / 16300 OLD EMMITSBURG ROAD / EMMITSBURG, MARYLAND 21727
301.447.5326 / FAX.301.447.5335 / MBAREG@MSMARY.EDU / WWW.MSMARY.EDU/MBA

MASTER OF BUSINESS ADMINISTRATION

Application for Admission

APPLICATION INSTRUCTIONS:

Please type or print clearly. Use space provided on this application form and attach individual sheets as necessary.

A complete application consists of:

- Application form dated and signed
- Official transcripts from all schools attended after high school
- Official test results sent directly from testing agency (if required)
- Application fee of \$35 U.S. dollars (nonrefundable); make checks payable to Mount St. Mary's University
- Résumé or brief statement, in essay form, describing your undergraduate collegiate activities, military experience, professional and/or business experience and career objectives
- International students must submit the application form for I-20

Please send form, fee and statement to the address at the top of this page.

FINANCIAL AID

If you plan to apply for financial assistance, you should file the Free Application for Federal Student Aid (FAFSA) as soon as possible in your application process (ideally by March 1 for fall entrance and October 1 for spring entrance). For further information, contact the financial aid office at 301-447-5207.

- In addition to financial aid, a limited number of Graduate Assistantships are available annually to MBA candidates through the office of the Vice President for Academic Affairs
- Students receiving VA benefits should contact the registrar and notify the MBA office.

Admissions decisions are made without reference to any application for aid.

CAMPUS VISITS

You are strongly encouraged to visit our Emmitsburg campus or Frederick Center and speak with the MBA director. Talking with a faculty member, sitting in on classes, or taking a campus tour can all be helpful in choosing a graduate school. Please call 301-447-5326 to make an appointment.



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Are you Hispanic or Latino? Yes No

Please select one or more: Black/African American Asian American Indian/Alaskan Native
 Native Hawaiian or Other Pacific Islander White

PROFESSIONAL EXPERIENCE

CURRENT EMPLOYER/COMPANY NAME _____

EMPLOYER STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

YOUR CURRENT POSITION, TITLE OR RESPONSIBILITIES _____

EMPLOYER'S TYPE OF BUSINESS OR PROFESSION _____

YEARS OF PROFESSIONAL EXPERIENCE _____ WORK TELEPHONE _____

Does your employer provide tuition remission benefits? Yes No If Yes, what? _____

Previous Positions (most recent first)	Employer/Company Name	City, State	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

List below the colleges and universities you have attended. Request that the registrar of each institution send an official copy of your transcripts to Mount St. Mary's Master of Business Administration Office.

Name of Colleges and Universities	City, State	Degree & Major	Dates of Attendance	Graduated?
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever taken the Graduate Management Admissions Test (GMAT): Yes No If Yes, date _____ score _____

Have you ever been a student at Mount St. Mary's University? Yes No

If yes, dates of attendance _____ or year of graduation _____

Check here for Mount St. Mary's transcript release.

SIGNATURE _____ DATE _____

Sign above to authorize release of your Mount transcript; otherwise, it is your responsibility to provide the Master of Business Administration Office the official transcript.

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ADDITIONAL INFORMATION

How did you first learn of Mount St. Mary's Master of Business Administration Program?

- | | |
|---|---|
| <input type="checkbox"/> Alumni (A) | <input type="checkbox"/> Mount Representative (O) |
| <input type="checkbox"/> College Guides (G) | <input type="checkbox"/> Internet (T) |
| <input type="checkbox"/> Mount Publications (L) | <input type="checkbox"/> Current Student (S) |
| <input type="checkbox"/> Relatives (R) | <input type="checkbox"/> Radio (K) Please specify station _____ |
| <input type="checkbox"/> Employer (I) | <input type="checkbox"/> Newspaper (P) Please specify paper _____ |
| <input type="checkbox"/> Other (Z) Please specify _____ | |

What characteristics of the Mount's program persuaded you to apply?

- | | |
|---|---|
| <input type="checkbox"/> Curriculum (A) | <input type="checkbox"/> Class size (S) |
| <input type="checkbox"/> Quality and accessibility of faculty (F) | <input type="checkbox"/> Professional and academic reputation (T) |
| <input type="checkbox"/> Location (L) | <input type="checkbox"/> Accelerated format (F) |
| <input type="checkbox"/> Catholic (C) | <input type="checkbox"/> Other (Z) Please specify _____ |

APPLICATION SIGNATURE (REQUIRED)

My signature below indicates that all the information contained within my application is complete, factually correct, and honestly represented. I understand that any misrepresentation of information included as part of my application could nullify my admission.

SIGNATURE

DATE