

MBA Program Application

1. Complete this application form and submit to:
Illinois State University
MBA Program
Campus Box 5570
Normal, IL 61790-5570
2. Have two professional or academic references complete recommendation forms and send them to the above address. Please choose your references carefully. The persons completing these forms should be able to evaluate your professional and academic experience and potential. In most cases, personal acquaintances or family friends do not offer these objective perspectives.

NOTE: You should also submit a Graduate School application and supporting materials to:

Illinois State University
Office of Admissions and Records
Campus Box 2200
Normal, IL 61790-2200

I. Name: Ms. / Mr. _____
Last/Family Name First Middle

Present Address: _____
Street/PO Box

_____ City State/Country Zip

Permanent Address: _____
Street/PO Box

_____ City State/Country Zip

E-Mail Address: _____

Home Phone: (_____) _____ Work/Daytime Phone: (_____) _____

Home FAX: (_____) _____ Work FAX: (_____) _____

Cell Phone: (_____) _____

Term for which applying: ___ Spring(January) ___ Summer ___ Fall(August) Year: 20____

Enrollment Status: (Choose one) ___ Full-Time ___ Part-Time
(Choose one) ___ International ___ Domestic (US Citizen or Permanent Resident)

Institution granting your undergraduate degree: _____

Date of Graduation: _____ Undergraduate Major: _____

Undergraduate Minor: _____

- II. Attach a current resume describing your professional experience. Identify for each position the employer, time period, your title, and your responsibilities.

(OVER)

III. In addition to indicators of academic performance and ability, the ISU MBA Program seeks individuals with a diversity of other types of experience bases. Please record your number of years and additional months of experience in the spaces provided below. We appreciate your efforts in completing the charts; indicating "see resume" is not an acceptable response. (If more space is needed, *please attach a separate sheet of paper.*)

WORK EXPERIENCE:

	Employer/Job Title	Total Full Time Work (≥ 37.5 hours per week)		Total Part Time Work (≥ 20 & < 37.5 hours per week)	
		Years	Months	Years	Months
1.					
2.					
3.					
4.					
5.					

Of the work experience listed above, please indicate work time related to each of the following categories.
(Note: the years/months below will not necessarily total the above years/months as time among different categories may overlap.)

		Supervisory/Managerial		Client/Customer Service		International	
		Years	Months	Years	Months	Years	Months
1.	Job #1 Above						
2.	Job #2 Above						
3.	Job #3 Above						
4.	Job #4 Above						
5.	Job #5 Above						

INTERNATIONAL EXPERIENCE (*other than work experience*):

	Type of International Experience	Years	Months
1.	Living		
2.	Extensive Traveling		
3.	Studying		
4.	Other (please indicate):		

VOLUNTEER / COMMUNITY SERVICE EXPERIENCE:

	Organization / Type of Service Provided	Years	Months
1.			
2.			
3.			

- IV. On an additional sheet(s), please provide typed statements on the following topics:
- Explain your professional goals and how the MBA degree will help you achieve them.
 - For each of the above categories in which you recorded years/months of experience (i.e., work experience, international experience, and volunteer experience), please write a paragraph or two describing what you gained professionally from those experiences.

Illinois State University is an Equal Opportunity/Affirmative Action institution in accordance with Civil Rights Legislation and does not discriminate on the basis of race, religion, national origin, sex, age, handicap, or other factor prohibited by law in any of its educational programs, activities, admissions or employment policies. Concerns regarding this policy should be referred to the Affirmative Action Office, Illinois State University, Campus Box 1280, Normal, Illinois 61790-1280; phone: 309/438-7677. The Title IX Coordinator and the 504 Coordinator may be reached at the same address.

CERTIFICATION

This certification must be signed and dated by the applicant before action can be taken on this application.

I understand that withholding information on this admission application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify also that the statements I have made on this application and any additional application materials are correct and complete.

APPLICANT'S SIGNATURE: _____ **DATE:** _____