

Ratchford University Online

• (888) 825-2777 Tel
• (888) 825-2777 Fax
Homepage: <http://www.online-ru.org>
Email: admissions@online-ru.org

Application

Must include \$30 non-refundable application fee
(check or money order)
NO CASH

for Graduate Admission

Please type or print in ink

(Check One): Mr. Mrs. Miss Ms. Temporary Reference number: _____
From initial inquiry and follow-up letters

Applicant's Full Name: _____
First Middle Last (Surname) Maiden

Mailing Address: _____
Street name and number or Post Office Box number Apt#

City: _____ State: _____ Postal (Zip) Code: _____ Country: _____

Permanent Address: _____
A physical street address is required for shipping packages. Courier service will not deliver to a post office box Apt#

Permanent City: _____ State: _____ Postal (Zip) Code: _____ Country: _____

Home Phone: _____ Home Fax: _____

Work Phone: _____ Work Fax: _____

Cell/Mobile Phone: _____ Email Address: _____

Social Security Number: _____ Date of Birth: _____ Sex: M F
YY / MM / DD

Country of Citizenship: _____ County of Residence: _____

State of legal residence: _____ What is your native language: _____

Non-U.S. citizen only. Include photocopy of both sides of Permanent resident Card with this application.

I have an immigrant visa. Date issued: _____ A# _____ I currently have a _____ visa.

Have you ever taken an English language test? Yes No If yes, please indicate which test:

TOEFL (date: _____) TWE (date: _____) MELAB (date: _____)

Please indicate the semester and year you expect to begin Ratchford University Online?

Fall 20_____ Winter 20_____ Spring / Summer 20_____

Race (Check one box only.) Note: Even if you are multiracial, please answer this question by indicating either the race you identify with most or the race with which you are usually associated in the community.

- | | |
|--|--|
| A. <input type="checkbox"/> Hispanic | D. <input type="checkbox"/> White (non-Hispanic) |
| B. <input type="checkbox"/> Asian or Pacific Islander (API) | E. <input type="checkbox"/> Black (non-Hispanic) |
| C. <input type="checkbox"/> American Indian, Eskimo, or Aleut (AIEA) | |

Are you Multiracial? Yes No For purposes of this question, you are multiracial if you have parents from more than one of the broad race categories listed above, or if your parents regard themselves as being multiracial.

Please attach \$20 check or money order here. Application fee must accompany application.

Educational History

List all colleges and universities (including Ratchford) you have attended. Under "Degree" list any you have received or will earn prior to your enrollment. Be sure to include the date the degree was or will be awarded. We require two separate official transcripts from each college or university you have attended, except Ratchford University, for which we maintain files. If educated outside the United States, list in chronological order (beginning with your first year of schooling) all schools attended (high schools, technical, vocational, and colleges and universities). Original records are required in the native language of the country where the school is located. Ratchford University also requires official translations in English.

Name & Address of Schools Attended	Dates Attended From - To	Degree	Date awarded

Test Scores (Check tests taken and indicate scores)

[] TOFEL: _____ [] SAT: _____ [] ACT: _____ [] GRE: _____ [] GMAT: _____

Work Experience

Employer's Name & Address	Position Title	Period Employed From - To

Major

Proposed Graduate Major (see Admission Chart): _____
(a major must be specified) Major Code

Degree sought: _____ Department: _____

Specific area of interest or specialty: _____

[] Check here if you plan to complete teacher certification requirements. [] Check here if you do **not** plan to seek a degree.

Graduate Application – Departmental File

To be completed by the applicant

U.S. Social Security Number: _____ - _____ - _____

Date of Birth: _____ (month/day/year)

Graduate Major: _____ Department: _____ Degree: _____

If applying for the Master's degree, please specify by circling: Thesis or Non-Thesis.

Academic Background

Name and Location of School	Major	Degree	Date

Career Objective

Provide a statement describing your special field of interest and the objectives of your educational program and professional career. (This section MUST be completed. Continue on back if necessary.)

Honors, Awards, and Publications

Please list scholarships, fellowships, academic awards, honors, special recognitions, or publications. Continue on back if necessary.

Relevant Information

List teaching experience or other relevant work you have done since beginning college-level studies. You may attach a résumé or vita if you choose.

Position

Place

Date

Letters of Recommendation

Confidential letters of recommendation have been submitted from the following people:

1. _____
name Position / Organization

_____ Address Area Code Telephone

_____ City State / Province Country Zip Code

2. _____
name Position / Organization

_____ Address Area Code Telephone

_____ City State / Province Country Zip Code

3. _____
name Position / Organization

_____ Address Area Code Telephone

_____ City State / Province Country Zip Code

Faculty Advisors

Name and complete address of undergraduate or graduate faculty advisor.

Thesis Advisor Name

Name and complete address of thesis advisor.

I certify that the information given in this application is complete and accurate.

Signature: _____ Date: _____
(An unsigned application will be returned to the applicant) Month Day Year

Recommendation for Ratchford University Online

Graduate Studies

To be completed by the applicant

U.S. Social Security Number: _____ - _____ - _____

Date of Birth: _____ (month/day/year)

Name: Print or type your full legal name as it appears on your birth certificate and other legal documents.

_____ Last or Family Name First Middle

Other names under which credentials may be received

_____ Last or Family Name First Middle

Permanent Address and Telephone Number

_____ Street / PO Box / Apt # Telephone

_____ City State / Province Country Zip Code

To be completed by the recommender

The applicant has indicated above whether access to this recommendation has been waived. We appreciate your cooperation. If additional space is needed, please attach a separate sheet.

How long have you known the applicant? _____

In what capacity? _____

Please evaluate the applicant by placing a check in the column that most nearly represents your opinion. If you lack the knowledge to make a definite rating, please check "Inadequate Opportunity to Observe."

Area of Evaluation	Inadequate Opportunity to Observe	Below Average	Average	Above Average (Upper 25%)	Superior (Top 10%)
Intellectual ability					
Ability to communicate					
Self Reliance/Independence of thought					
Motivation					
Professional interest					

Recommendation based on applicant's ability to pursue graduate study (check one):

Strongly recommend Recommend Recommend with reservation Do not recommend

Please add any comments that might assist the department in making a judgment about the applicant's admission to graduate studies. You may continue on the other side of this sheet.

Signature: _____ Date: _____
Month Day Year

Name and Position: _____
(printed or typed)

Address: _____

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Month Day Year

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Address: _____

Transcripts Request Forms

Duplicate the forms on the following page as necessary

Ratchford University
Office of Admissions and Records

Transcripts Request
To be completed by the applicant

• (888) 825-2777 Fax

US Social Security Number _____ - _____ - _____

Name: _____
Last or Family Name First Middle Maiden/Other

School: _____

Dates of enrollment: _____ Degree and Year: _____

I authorize the release of transcripts of my academic record to Ratchford University

Signature: _____ Date: _____
Month Day Year

Registrar: This person is applying for admission to Ratchford University. We would prefer to receive the transcript electronically in this format. Otherwise, please enclose this form along with two transcripts in an official university envelope addressed to the applicant. Seal the envelope; date and sign, stamp, or place your seal on the back flap; and return it to the applicant. Be sure to include instructions on how to interpret the transcripts and an explanation of your grading system. If the transcripts are not in English, include an English translation. If the academic records cannot be forwarded, please indicate the reasons. If your policy does not allow returning the sealed envelope to the candidate, please send it directly to Graduate Admissions Processing at the number listed above and notify the applicant that you have done so.

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