Application for Graduate Admission

Ratchford University Online

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

Please type or print in ink

(Check One): [ ] Mr. [ ] Mrs. [ ] Miss [ ] Ms. Temporary Reference number: ____________________________

Applicant's Full Name: ___________________________________________ __________________________________________

Mailing Address: ___________________________________________ __________________________________________

City: ___________________________ State: _______ Postal (Zip) Code: ___________ Country: ________________

Permanent Address: ___________________________________________ __________________________________________

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

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. [ ] Hispanic  D. [ ] White (non-Hispanic)
B. [ ] Asian or Pacific Islander (API)  E. [ ] Black (non-Hispanic)
C. [ ] 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.

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<thead>
<tr>
<th>Name &amp; Address of Schools Attended</th>
<th>Dates Attended</th>
<th>Degree</th>
<th>Date awarded</th>
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Test Scores (Check tests taken and indicate scores)

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

Work Experience

<table>
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<tr>
<th>Employer’s Name &amp; Address</th>
<th>Position</th>
<th>Period Employed</th>
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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.
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

<table>
<thead>
<tr>
<th>Name and Location of School</th>
<th>Major</th>
<th>Degree</th>
<th>Date</th>
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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.

<table>
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</table>
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: __________  Month  Day  Year

(An unsigned application will be returned to the applicant)
Tuition Payment Information

[ ] Cash  [ ] Check  [ ] Credit Card  [ ] Money Order  [ ] Electronic Transfer

Credit Card (Check One):  [ ] Visa  [ ] Master Card  [ ] American Express

Credit Card Number:          Expiration Date:  Day  [ ]  Year  [ ]

Credit Card charge authorization for:  [ ] Application Fee

Authorized Signature: ___________________________ Date: __________________

Agreement of Terms

I hereby declare that I have read and understand the University Catalog and I agree to abide by the Universities rules and regulations. I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that providing false information may result in immediate dismissal and forfeiture of financial payments and academic credits.

Signature of applicant: ___________________________ Date: __________________

Additional Information

List any additional achievements, capabilities, skills, professional experience or educational goals that will further illustrate your suitability for admission to the program for which you are applying.

______________________________________________________________________________

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Do not write in the space below

For University Use Only
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.

<table>
<thead>
<tr>
<th>Last or Family Name</th>
<th>First</th>
<th>Middle</th>
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</table>

Other names under which credentials may be received

<table>
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<th>Last or Family Name</th>
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<th>Middle</th>
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Permanent Address and Telephone Number

Street / PO Box / Apt # Telephone

<table>
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<th>City</th>
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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."

<table>
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<tr>
<th>Area of Evaluation</th>
<th>Inadequate Opportunity to Observe</th>
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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: __________________________
Recommendation for Ratchford University Online
Graduate Studies

To be completed by the applicant

U.S. Social Security Number: ______-_____-______
Date of Birth: ____________(month/day/year)

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State / Province

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Signature: ________________________ Date: ____________________ Month Day Year

Name and Position: ________________________ (printed or typed)

Address: ________________________
Transcripts Request Forms

Duplicate the forms on the following page as necessary
Transcripts Request
To be completed by the applicant

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: ____________ ____________ ____________

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.