



Application for Admission

The Graduate School of Business

7900 West Division Street
River Forest, Illinois 60305

Telephone: (708) 524-6810
Fax: (708) 524-6939
Email: gradbus@email.dom.edu

Semester: Fall Year _____
 Spring
 Summer I
 Summer II

Apply online from our website at www.dom.edu.

I am applying for the following program:

- MBA
- Weekend MBA
- MSA
- MS/CIS
- MS/MIS
- MSOM
- Joint MBA/JD
- Joint MBA/MSLIS
- 5-yr. BA/MBA

I would take most of my classes at:

- River Forest
- Northbrook

I would like to study:

- Full Time
- Part Time

Full Name _____
last first middle

Residence _____
number and street

_____ Phone _____
city state zip code area code

Employer _____ Occupation _____

Business Address _____

_____ Phone _____
city state zip code area code

Email Address _____

Date of Birth _____ Sex _____ Social Security Number _____

_____ U.S. Citizen
 Citizenship Status: _____ Permanent Resident Type of Visa (If applicable) _____
 _____ Other _____

How did you hear about Dominican University? _____

Colleges and Universities Attended

List in chronological order all institutions at which you did undergraduate and/or graduate work.

| Institution | Location | Program of Study | Degree | Date |
|-------------|----------|------------------|--------|------|
| | | | | |
| | | | | |
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| | | | | |

Please request that official transcripts from all graduate and/or undergraduate institutions you have attended be sent directly to: **Committee on Graduate Admissions, Graduate School of Business, Dominican University, 7900 West Division Street, River Forest, IL 60305.**

Business Experience

List recent employment, citing most recent employer first.

| Organization and Location | Position Held | Dates |
|---------------------------|---------------|-------|
| ■ _____ | | |
| | | |
| ■ _____ | | |
| | | |
| ■ _____ | | |
| | | |
| ■ _____ | | |
| | | |

Please complete both sides of application

**Honors/Distinctions
You Have Received**

References

Provide the names and positions of three persons who will submit references on your behalf. A recommendation from at least one college instructor is requested for recent graduates or current undergraduates. If you are employed, at least one letter from a superior in your organization is required.

| Name | Organization/Position |
|------|-----------------------|
| | |
| | |
| | |

GMAT

All applicants are required to submit an official score report of the Graduate Management Admission Test. To order an official score report, contact ETS at (609) 771-7330. The code for Dominican University is 1667.

Date you took the GMAT exam ____/____/____ or date you will take the GMAT exam ____/____/____
month date year month date year

Total score obtained _____ AWA score _____

TOEFL

All applicants whose native language is not English must submit a TOEFL score. An official copy of your score report must be sent to Dominican University before you will be considered for admission. To order an official score report, contact ETS at (609) 771-7100. The code for Dominican University is 1667.

TOEFL Score _____ Date you took TOEFL exam ____/____/____
month year

Financial Aid

Does your employer provide tuition assistance? Yes No

(For institutional records only, will not affect acceptance decision)

If yes, what arrangements are made for this? _____

Applications for federally administered financial aid are available in the Graduate School of Business Office or in the Financial Aid Office. Applications for Graduate Assistantships are available in the Graduate School of Business Office.

**Personal
Statement**

Please write a brief statement, on a separate sheet, explaining why you would like to attend Dominican University.

Application Fee

Please enclose an application fee of \$25.00. Checks should be made payable to Dominican University. Send completed application and fee to:

Committee on Graduate Admissions
Graduate School of Business
Dominican University
7900 West Division Street
River Forest, IL 60305

*Dominican University
Graduate School of
Business selects
its students and
administers all of its
programs without
discrimination as to
race, creed, sex,
marital status,
national origin or
physical handicap.*

I affirm that all of the above statements are true and correct to the best of my knowledge and belief. I understand any false or misleading statement may constitute grounds for denial of admission or later expulsion.

Signed _____ Date _____



Recommendation for Admission

The Graduate School of Business

7900 West Division Street
River Forest, Illinois 60305

Telephone: (708) 524-6810
Fax: (708) 366-5360

**Complete top portion
before mailing to your
reference**

Applicant's Name _____

Address _____

Waiver: I understand that, under Dominican University's policy on confidential record, I have the right to examine this recommendation following my matriculation at the university unless such right is waived. I HEREBY EXPRESSLY WAIVE MY RIGHT TO EXAMINE OR HAVE ACCESS TO THIS RECOMMENDATION. I understand that this recommendation will be used only in connection with my application for admission to the Graduate School of Business. A list of names of persons supplying the university with confidential recommendations will be given to me at my written request. I understand that signing the waiver is not a condition of admission.

Signature of Applicant _____

Date _____

**Evaluation of
Applicant**

The person named above has requested admission to the Graduate School of Business at Dominican University. Unless the above waiver is signed by the applicant, this evaluation is not confidential.

Please rate the applicant on the following qualities.

| | Upper 5% | Upper 10% | Upper 25% | Upper 50% | Lower 50% | No Basis for Judgment |
|------------------------------|-------------|--------------|--------------|--------------|--------------|--------------------------|
| Oral Communication Skills | | | | | | |
| Written Communication Skills | | | | | | |
| Motivation | | | | | | |
| Interpersonal Skills | | | | | | |
| Organizational Skills | | | | | | |
| Imagination/Creativity | | | | | | |
| Problem-Solving Skills | | | | | | |

How long and in what capacity have you known this person? _____

What is your assessment of this person's suitability for graduate study?

*Please complete
both sides
of form*

Please evaluate the applicant's intellectual ability, leadership skills and management potential.

Name _____

Title or Position _____

Organization _____

Address _____
number and street city state zip code

Day Telephone _____ Evening Telephone _____

Signature _____ Date _____

**Please return to: Committee on Graduate Admissions
Graduate School of Business
Dominican University
7900 West Division Street
River Forest, IL 60305
Tel: (708) 524-6810 Fax: (708) 366-5360**