



GRADUATE ADMISSION APPLICATION FOR
MASTER OF SCIENCE IN OPERATIONAL EXCELLENCE

PLEASE PRINT OR TYPE

NAME: Last First M.I. Social Security Number

STREET: DATE OF BIRTH:

CITY: STATE: ZIP: HOME COUNTY:

HOME TELEPHONE: () WORK TELEPHONE: ()

ALTERNATE/MOBILE TELEPHONE: () EMAIL:

CITIZENSHIP: U.S. Citizen Immigrant-Permanent Resident (see below)
Non-Resident Alien Country of citizenship?
Visa Status?

a. Seeking Admission Full Time Part Time b. Starting Term (Fall, Spring, Summer) and Year:

EMPLOYMENT: Current Employer/Title:

Does your employer offer tuition reimbursement? Yes No Don't Know

Employer Address:

EDUCATIONAL HISTORY (Please include all schools attended):

Table with 3 columns: Name, Location, Dates Attended/Graduation

UNDERGRADUATE COLLEGE OR UNIVERSITY:

Table with 3 columns: College/University, Location, Major/Program of Study/Degree Earned/Dates Attended

PREVIOUS GRADUATE STUDY:

Table with 3 columns: College/University, Location, Major/Program of Study/Degree Earned/Dates Attended

Do you propose to transfer any graduate coursework toward your program at Saint Vincent College? Yes No

If yes, what course?

Those who are not native speakers of English must submit recent TOEFL scores.

RACE/ETHNICITY: The information requested below is sought to comply with the U.S. Department of Education reporting procedures. It is *strictly voluntary* and will not affect consideration of your application.

a. Are you Hispanic/Latino? Yes No

b. Please indicate predominant category/categories (you may check more than one).

- American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American

VETERAN STATUS:

Are you a military veteran? Yes No

MASTER APPLICATION CHECKLIST: Enclose or request each of the following items. Items should be sent to the Graduate Coordinator at the address below.

Application Form (3) Letters of Recommendation Official Transcripts from ***all*** Colleges Attended

Resume/Curriculum Vitae Personal Statement & Work Experience

How did you learn about our program? _____

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

Signature

Date

Send to: **Office of Graduate & Continuing Education**
Saint Vincent College
300 Fraser Purchase Road
Latrobe, PA 15650-2690