



GRADUATE ADMISSION APPLICATION FOR
MASTER OF SCIENCE OR CERTIFICATE 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 Master Degree Certificate 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):

SECONDARY SCHOOL:

Name	Location	Dates Attended/Graduation
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UNDERGRADUATE COLLEGE OR UNIVERSITY:

College/University	Location	Major/Program of Study/Degree Earned/Dates Attended
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PREVIOUS GRADUATE STUDY:

College/University	Location	Major/Program of Study/Degree Earned/Dates Attended
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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

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

Application Form

Official Transcripts from ***all*** Colleges Attended

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

(2) Letters of Recommendation

Official Transcripts from ***all*** Colleges Attended

Application Fee of \$25.00

Examination Scores (GMAT)

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