



ADMISSION APPLICATION FOR  
GRADUATE CERTIFICATE IN MANAGEMENT: 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? \_\_\_\_\_

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):

UNDERGRADUATE COLLEGE OR UNIVERSITY:

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

PREVIOUS GRADUATE STUDY:

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

RACE/ETHNICITY: The information requested on the next page 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

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

Application Form

Resume/Curriculum Vitae

Official Transcripts from *all* Colleges Attended

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

How did you learn about our program? \_\_\_\_\_  
\_\_\_\_\_

I certify that the information given on this application is complete and accurate. If accepted, I agree to uphold a high degree of ethics as documented in, but not limited to, the Bulletin and Mission Statement including Saint Vincent College's standards of academic honesty.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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