CX ID#:_____

$75 Application Fee Required

Ottawa University
Live. Learn. Lead!™

# GRADUATE APPLICATION FOR ADMISSION

PLEASE PRINT CLEARLY.

Anticipated Start Date _____ , 20_____

❑ Fall ❑ Spring I ❑ Spring II ❑ Summer

**Degree Applying for:**

❑ Business Administration (MBA)
❑ Education (MA in Ed)
❑ Human Resources (MA in HR)
❑ Professional Counseling (MA in PC) — AZ Only

Area of Concentration: _____

Special Program Code: _____

## PERSONAL INFORMATION

❑ Mr. ❑ Ms. ❑ Mrs.

_____/_____/_____/_____/_____
Last | First | M.I | Jr., III | Maiden/Preferred/Former Name

_____(____)_____
Home Address | City | State | ZIP Code | Home Phone

_____
Employer | Title or Position

_____(____)_____
Employer Address | City | State | ZIP Code | Work Phone

_____(____)_____
E-mail Address | Mobile Phone

_____(____)_____
Date of Birth | Social Security Number | Country of Citizenship (if not USA) | Country of Birth

The following information is requested for federal reports (optional): ❑ Male ❑ Female

❑ Nonresident Alien ❑ American Indian/Alaska Native ❑ Asian/Pacific Islander ❑ Black/non-Hispanic ❑ Hispanic
❑ White/non-Hispanic ❑ Race/ethnicity unknown ❑ I do not wish to provide this information.

## FINANCIAL ASSISTANCE

Do you plan to apply for financial aid? ❑ YES ❑ NO Do you plan to apply for Veteran's benefits? ❑ YES ❑ NO

Will you receive tuition reimbursement from your employer? ❑ YES ❑ NO If yes, _____% or $_____

## PREVIOUS SCHOOL(S) ATTENDED

List in chronological order all colleges and universities attended. You must request that official transcripts be sent to Ottawa University's Office of Enrollment Mangament at your local campus from all institutions granting graduate credit.

Name of Graduate Institution | City, State | Major | Degree/Credits Earned

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Name of Graduate Institution | City, State | Major | Degree/Credits Earned

Name of Graduate Institution | City, State | Major | Degree/Credits Earned

## REFERENCES

Names and addresses of three individuals familiar with your academic and/or professional experience from whom letters (or forms for MA in PC and MA in HR-SAC) of recommendation have been requested. *Please have individual send recommendation letters directly to the Office of Enrollment Management at your local campus. Addresses are listed below.*

Name _____ Title or Position _____

Address _____ City _____ State _____ ZIP Code _____

Name _____ Title or Position _____

Address _____ City _____ State _____ ZIP Code _____

Name _____ Title or Position _____

Address _____ City _____ State _____ ZIP Code _____

## HOW DID YOU HEAR ABOUT OTTAWA UNIVERSITY

❑ Direct Mail ❑ Billboard/Posters ❑ Internet ❑ Phone Book (Which phone book?) _____

❑ Radio (Which station?) _____ ❑ Print Media (Which magazine/newspaper, etc.?) _____

❑ Television (Which station?) _____ ❑ College Fair (Which fair?) _____

❑ Referral (By whom?) _____ ❑ Other _____

## IMPORTANT INFORMATION

Before mailing this application, please make sure you have:

- Requested all your official transcripts be sent directly to your local campus' Office of Enrollment Management.
- Enclosed this signed application and application fee of $75 (non-refundable). Make checks payable to Ottawa University.
- Enclosed a resume of work and volunteer experience.
- A list of important personal recognitions and academic honors, awards, prizes, and community service activities related to your program.
- Enclosed a 300- to 500-word statement describing your career development and the expectations for the role of this program.

**NOTE:** Submission of application and fee does not guarantee acceptance into Ottawa University.

**Arizona**
10020 North 25th Avenue
Phoenix, AZ 85021
602-371-1188
800-235-9586
Fax: 602-371-0035

**Indiana**
287 Quarter Master Court
Jeffersonville, IN 47130
812-280-7271
888-404-6852
Fax: 913-451-0806

**Greater Kansas City**
4370 West 109th Street
Suite 200
Overland Park, KS 66211
913-266-8600
866-428-4262
Fax: 262-879-0096

**Wisconsin**
245 South Executive Drive
Suite 110
Brookfield, WI 53005
262-879-0200
888-710-0014
Fax: 913-273-4747

**Online**
1001 South Cedar Street, #83
Ottawa, KS 66067

Signature _____ Date _____

## APPLICATION FEE PAYMENT OPTIONS

❑ Check ❑ Cash ❑ Credit Card _____ / _____ / _____

Account Number — Exp. Month/Year — VCode (card back 3 or 4 Digit Security Code)

Signature _____ Date _____

** Credit card will be charged on the the date the application is received unless otherwise noted.*

Ottawa University is committed to equal opportunities for students and does not unlawfully discriminate in the recruitment or treatment of students on the basis of race, age, sex, color, religion, disability, national origin, sexual orientation, or any other characteristic protected by law.

**FOR OFFICE USE ONLY:** ❑ $75 Application Fee CX ID Number: _____

Payment Method: _____ Date Received: _____

Received By: _____ For: _____