

APPLICATION FOR ONE-YEAR MS FINANCE PROGRAM

Academic year that you are applying for: _____

Term applying for: Fall Spring

Personal Information

Last Name

First Name

Middle Name

Please list any other name(s) under which your transcripts may be listed:

Current Address: _____

City

State (Province)

Zip Code

Country

Home Phone

Permanent Address: _____

City

State (Province)

Zip Code

Country

Home Phone

Home Email: _____

Cell Phone: _____

Date of Birth: _____

Social Security Number: _____

Place of Birth: _____

Identification Number: _____

Ethnicity: American Indian/Native American

Asian/Pacific Islander

Marital Status: Married Single

Black Non-Hispanic

Gender: Female Male

Hispanic

White Non-Hispanic

Information about ethnicity is requested so that the university may demonstrate compliance with Title IV of the 1964 Civil Rights Act. Information about marital status is requested for statistical purposes only.

Emergency contact _____ Relationship _____ Phone _____

RESIDENCY AND CITIZENSHIP INFORMATION

How long at current address? _____ Years _____ Months

If less than 12 months, list address(es) with date(s) you lived at those residences to show residence for prior 12 months.

Street Address	City/County	State (Province)	Country	Zip Code	From/To
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Street Address	City/County	State (Province)	Country	Zip Code	From/To
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I have / have not resided in Texas for the prior twelve months. (This statement has no bearing on your application or the cost of the program. If you are admitted, a later determination of official residence may be required for internal university accounting purposes.)

City/State (Province)/Country of Birth: _____

Are you a citizen of the United States? Yes No If no, Country of Citizenship: _____

If you were born abroad and are a U.S. Citizen, please submit a photocopy of your U.S. Passport or naturalization certificate.

Are you a permanent resident? Yes No If yes, please submit a photocopy of your PR card front and back and a copy of your passport. If not, indicate type of visa held _____. Please submit photocopy of current visa.

WORK EXPERIENCE

Company: _____ Dates: _____

Contact (Name, email, phone number) : _____

Functional Category: Consulting Finance/Accounting General Management IT/MIS
 (Circle one) Human Resources Marketing Operations/ Production
 Other: _____

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EDUCATIONAL INFORMATION

In reverse chronological order, list all colleges, universities and other educational institutions you have attended since secondary school:

Name and Location	Dates Attended	Major	Degree	G.P.A
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Have you ever been on academic probation or been dismissed from any college or university? Yes No

Have you ever applied for admission to The University of Texas at Dallas? Yes No If yes, for admission in what semester and year _____?

Standard Tests

TOEFL: _____ (Reading: _____, Listening: _____, Speaking: _____, Writing: _____)

GMAT: _____ (Analytical: _____, Quantitative: _____, Verbal: _____)

GRE : _____ (Verbal: _____, Quantitative: _____, Analytical: _____)

IELTS: _____ PTE: _____

Please list 3 evaluators who will submit letters of recommendation in support of your application.

Name	Title	Institution	Telephone Number
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Name	Title	Institution	Telephone Number
------	-------	-------------	------------------

Name	Title	Institution	Telephone Number
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PERSONAL STATEMENT

Please state your career path, what motivated you to pursue finance study and how you have prepared.

I certify that all information and statements provided are, to the best of my knowledge, accurate and complete. I understand that all information provided will be held in strict confidence by The University of Texas at Dallas. Any items submitted in conjunction with this application will not be returned or transferred.

Signature _____

Date _____

REQUEST FOR RECOMMENDATION

The University of Texas at Dallas

Section 1: To be completed by the applicant

Applicant's Name	Previous Name (if any)
Email Address	Telephone number

In accordance with The Family Education Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby waive my right to access retain my right to access _____
Applicant's signature Date

Section 2: To be completed by the recommender

Please rate the applicant along the following dimensions and attach a letter of recommendation for this applicant.

Academic ability:	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Weak	<input type="checkbox"/> Unknown
Professional Demeanor:	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Weak	<input type="checkbox"/> Unknown
People Skills:	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Weak	<input type="checkbox"/> Unknown

How long and in what capacity have you known the applicant?

Additional Comments:

Evaluator Name	Title	Institution		
Address	City	State(Province)	Country	Zip Code
Telephone Number	Fax Number	Email		
Signature		Date		

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Applicant's signature

Date

Section 2: To be completed by the recommender

Please rate the applicant along the following dimensions and attach a letter of recommendation for this applicant.

Academic ability: Strong Average Weak Unknown

Professional Demeanor: Strong Average Weak Unknown

People Skills: Strong Average Weak Unknown

How long and in what capacity have you known the applicant?

Additional Comments:

Evaluator Name

Title

Institution

Address

City

State(Province)

Country

Zip Code

Telephone Number

Fax Number

Email

Signature

Date

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