

Master of Business Administration Online Application

Please submit this document to the Admissions Processing Center

Via fax: 877.497.5850

Via mail:

Queens University of Charlotte

Online Admissions

851 Trafalgar Court, Suite 420 W.

Maitland, FL 32751

Via email attachment: info@online.queens.edu

Applicant Information

Name: Mr. Ms. Mrs. Last	First Middle Middle
Preferred to be called (nickname):	Former last name(s) if any:
Street address:	
City: State	e: Zip: County:
E-mail:	
Home Phone: ()	Cell Phone: ()
Date of Birth (mm/dd/yyyy):	Social Security Number:
Birth Country:	Birth City:
(Please include photocopy with application)	Registration #: Visa Status:
Other citizenship – country:	Type of visa:
Native American/Alaska Native His	roup, please do so below (check all that apply): ian or Pacific Islander
Semester for which you are applying (check one):	☐ Fall 20 ☐ Spring 20 ☐ Summer 20
Are you expecting to receive tuition assistance/ rein all that apply):	nbursement from one or more of the following sources? (check
Employer Veterans Affairs	Federal Financial Aid Other:
If your employer is financially sponsoring your grad	duate studies, please specify amount: \$ amount or %

Previous Education

Please list in chronological order all undergraduate and graduate institutions attended (even if you did not receive a degree), including professional and non-degree programs.

College(s) Attended:

	Location	Start Date	End Date	GPA	Major	Degree Earned/To be earned
	1		"		I	
Employment Histo	ory					
Occupation/Job Title:					Industry type:	
Employer/Organizatio	on Name:		F	rom (mm/yy	уу): Т	o (mm/yyyy):
Work email:			Work	Phone: (_) Wor	k Fax: ()
Work Address:						
Number of Years Wor	k Experience	(prior to en	rollment):	Numb	er of Years super	visory experience:
Recommenders						
	lowing inform	nation:				
	_		nail		Phone Numb	per
Please provide the fol	_		nail		Phone Numb	per
Please provide the fol	_		nail		Phone Numb	oer
Recommenders Please provide the fol Recommenders Nat	_		nail		Phone Numb	oer
Please provide the fol	_		nail		Phone Numb	oer
Please provide the fol	me	En		efore?	Phone Numb	oer
Please provide the fol	me I to Queens U	En E	Charlotte be			Der

□ No □ Yes. If yes, when _____

Conduct and Certification of Information Have you ever been expelled, suspended, placed on probation, or been subject to any other disciplinary action at any secondary school or college you have attended? □ No □ Yes Have you ever been convicted of a criminal offense other than a minor traffic violation, or been found to be delinquent by a court, or are there such charges currently pending against you at this time? If you answer 'yes' to either of these questions, attach an explanatory statement. **Application Verification Signature** Checking this box and typing my name below will serve as my electronic signature. I hereby certify that the information in this application is accurate, that the responses and essays are my own work, and that I have personally completed this form. I understand and agree that any misrepresentation or omission of facts in my application will justify the denial or cancellation of admission to the School before or after enrollment. I understand that all credentials submitted in support of this application become the property of the University and are not returnable. Signature Date The Honor Code regulates all phases of life at Queens University of Charlotte and is binding on all members of the community. It involves three fundamental principles: truthfulness at all times; respect for the property of others; and honesty in texts, examinations, term papers and all other academic assignments. In signing below, I acknowledge that I have read this statement thoroughly, that this application is a true and accurate account and that I pledge to uphold the Honor Code as long as I am a member of the Queens University of Charlotte community.

NOTE TO APPLICANTS

Date

Signature

No person will be denied admission to the or otherwise be discriminated against at Queens University of Charlotte on the basis of race, color, religion, sex, national origin, age, marital status, personal appearance, family responsibilities, physical or mental disability, matriculation, political affiliation, or status as a Vietnam Era or disabled veteran insofar as any of these classes are defined and protected by Federal and North Carolina laws and regulations.