



# Master of Business Administration

## Application of Admission

Program Concentration Applying for (check one)

Accounting

Finance

General Management

Health Care Administration

International Business

Management Information Systems

Marketing

For entry in; (check, and include year)

September, \_\_\_\_\_

January \_\_\_\_\_

March, \_\_\_\_\_

June, \_\_\_\_\_

Planned Participation Status

Full-time  Part-time

### APPLICANT DATA

Name \_\_\_\_\_

Last

First

Middle

Maiden

Address \_\_\_\_\_

Street

City

State

Zip

Telephone \_\_\_\_\_

Home

Work

Fax

E-mail

Social Security Number \_\_\_\_\_ Citizenship \_\_\_\_\_

(If not U.S. Citizen)

Birth Date \_\_\_\_\_

**ACADEMIC BACKGROUND**



Estimated undergraduate GPA (A=4.0) \_\_\_\_\_ Estimated GPA for last 60 hours \_\_\_\_\_

If taken, GMAT score \_\_\_\_\_ TOEFL \_\_\_\_\_  
Date (If international student) Date

List all Colleges and Universities attended (list most recent first)

Institution	Location	Date Began month/year	Date left month/year	Degree/major

Employment Background (list most recent first).

Company and Location	Position/Duties	Date Began month/year	Date left month/year

Does your employer provide tuition reimbursement?  Yes  No \_\_\_\_\_ % or \$ \_\_\_\_\_ per year

Would you be interested in receiving information on a competitive merit scholarship?  Yes  No

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Send application and \$20 application fee to the following address.  
Avila University graduates are exempt from paying this fee.

**MBA Program, Avila University • 11901 Wornall Road • Kansas City, Missouri 64145-1698**  
Telephone (816) 501-3601, FAX (816) 501-2463, [www.Avila.edu](http://www.Avila.edu)