

# GRADUATE STUDIES APPLICATION FOR ADMISSION

*This application can be downloaded from our web site at [www.belmont.edu](http://www.belmont.edu)*



**Applicant Information** *(Please type or neatly print all information.)*

List term and year for which you are applying: Term \_\_\_\_\_ Year \_\_\_\_\_

Application to which degree program (check one):

- MBA\*       Music\*       EDU\*       DPT       Sport Administration  
 MACC       MSN       ENG       OT (Standard, Weekend, or Post-Professional)  
 Acct Institute

\*Please list track or concentration: \_\_\_\_\_

Are you applying for readmission? \_\_\_\_\_ If so, what was your last term of enrollment? \_\_\_\_\_

Name: \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_  
(last) (first) (middle)

Preferred first name: \_\_\_\_\_ Name on transcript(s) if different from above: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ E-mail address : \_\_\_\_\_

Contact preference (check one):     E-mail     Work phone    Other: \_\_\_\_\_

**In case of emergency, notify person listed below:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you a U.S. Citizen?     Yes     No    If no, please complete International Section.

**International Section:**

What is your country of citizenship? \_\_\_\_\_ What is your city of birth? \_\_\_\_\_

Please choose one:     F-1 Visa     Non-resident alien     Permanent Resident of the USA

Alien Registration Number \_\_\_\_\_ Other Visa type (please specify) \_\_\_\_\_

TOEFL Score: \_\_\_\_\_ *Official score reports are required.*

**Optional Information:**

The optional questions are intended solely for the purpose of providing the university with information that enables it to measure the effectiveness of its compliance with the Civil Rights Act of 1964, Title IX of 1972 Educational Amendments, and Executive Order 11246 as amended. You are not required to answer these questions since the information is unnecessary for evaluation of your application for admission. You may elect to answer or not answer each question at your option.

Birthdate: \_\_\_\_\_(mo/day/year)      Birthplace: \_\_\_\_\_(City) \_\_\_\_\_(State)

Gender (check one):     Male     Female

Racial/Ethnic Information (check one):     Caucasian (not Hispanic)     Asian or Pacific Islander     Hispanic  
 Black (not Hispanic)     American Indian or Alaskan Native     Other

Religious Preference: \_\_\_\_\_

**Educational Information:**

List all schools you have attended and the degrees you have been awarded starting with the most current. Transcripts from international schools should be submitted to World Education Services Inc. [www.wes.org](http://www.wes.org). Please allow 4-6 weeks for processing.

College/University	City/State	From/To	GPA	Degree	Major

Have you ever been expelled or suspended from any college or academic program?  Yes  No

If yes, a complete explanation must be provided by you and also by a school official on a separate sheet.

Have you ever been convicted of a violation of the law other than a minor traffic violation?  Yes  No

If yes, explain fully on a separate sheet.

**Employer Information:**

Employer Name: \_\_\_\_\_

Current Position: \_\_\_\_\_ Beginning date of employment: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Former Employer (if current employment is less than 3 years) \_\_\_\_\_

Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**References:**

Please list the name and address of two persons who know you (professionally and/or academically) and are willing to address your ability, interest and motivation for pursuing this program. Give each person a recommendation form and instruct them to return it directly to the admissions office.

*Your application cannot be reviewed until all references have been received.*

1. \_\_\_\_\_
2. \_\_\_\_\_

***I certify that all information given is complete and accurate. I understand that my failure to provide complete and accurate information may result in dismissal from the university or other appropriate disciplinary action. If admitted to Belmont University, I agree to abide by the policies and provisions stipulated in the university catalog.***

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
Date

For information regarding Belmont University's campus security record and policies, please contact the Belmont University Office of Safety and Security at (615) 460-6617.

In compliance with the Student Right To Know Act, Belmont's persistence (retention) rates are available at the Registrar's Office, 1st Floor, Freeman Hall.

In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973, Belmont University does not illegally discriminate on the basis of race, color, national or ethnic origin, age, or disability in its administration of education policies, programs, activities, or in admissions. In compliance with Title IX of the Education Amendments of 1972, Belmont University does not discriminate on the basis of sex in its administration of education policies, programs, or activities. Inquiries or complaints should be directed to: Jason Rogers, Vice President and University Counsel, (615) 460-6641.

The 2000 Annual Security Information Report containing campus crime reporting procedures, policies, sexual harassment and sexual offense policies, crime statistics, and a list of victim advocates is available for viewing on the web at <http://www.belmont.edu/administration/Safety/annualreport.htm>. A hard copy version of the report is available through the Office of Admissions.

***Please forward all materials to:***

Belmont University, Office of Admissions, 1900 Belmont Boulevard, Nashville, TN 37212-3757.

***Each program may require additional materials***

**How did you find out about Belmont University's Graduate Programs?**

- |  |   |
|--|---|
| <input type="checkbox"/> Belmont student/graduate                          | <input type="checkbox"/> Belmont faculty/staff    |
| <input type="checkbox"/> Internet/world wide web (please specify) _____    |   |
| <input type="checkbox"/> Advertising (please specify) _____                |   |
| <input type="checkbox"/> Academic advisor (please specify) _____           |   |
| <input type="checkbox"/> Another source (please specify) _____             |   |
| <input type="checkbox"/> Another college/university (please specify) _____ |   |
| <input type="checkbox"/> GRE   | <input type="checkbox"/> Professional association |
| <input type="checkbox"/> A physical therapist                              | <input type="checkbox"/> Health care facility     |
| <input type="checkbox"/> Health care professional                          | <input type="checkbox"/> APTA                     |