Graduate and Professional Programs APPLICATION
The Jack C. Massey Graduate School of Business
Applying for Admission

Application Steps for Accounting (MAcc), Accelerated, Healthcare and Professional MBA Applicants:

1. Complete the entire Graduate and Professional Programs Degree Seeking Application thoroughly. An incomplete application cannot be considered and will be returned to the applicant. Please note: Accelerated and Healthcare MBA candidates are only admitted for fall semesters.

2. Submit the non-refundable application fee of $50. Checks or money orders should be made payable to Belmont University.

3. Submit two recommendations (business and/or academic related). Have two people (non-relatives) complete a recommendation form (enclosed in this application packet).

4. Submit official transcripts from all colleges and/or universities attended, even those from which transfer credits were received. For a transcript to be official, it may not be marked “Issued to Student” or have previously been opened. All official transcripts must be on file with the Office of Admissions before an admissions decision can be made. In addition, applicants with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny & Associates (www.jsilny.com). The evaluation and all official transcripts must be submitted. Please allow 4-6 weeks for all official transcripts to be received.

5. Submit official GMAT test scores (GRE scores will also be considered). The Massey Graduate School of Business offers GMAT Math Review and Strategy courses three times per year to help you obtain your best possible score. (*The Sylvan Testing Center will give students an unofficial score on the test date. Please fax or email your unofficial score as soon as you receive it. We can work with the unofficial results for interviewing purposes. Our fax number is 615.460.6353. Our email address is masseyadmissions@belmont.edu.) Test scores must have been earned within the last five years. An official, electronic score report from the GMAT site is accessible by our office within 5 to 7 days. Allow 4-6 weeks for official test scores (hard copy) to be received.

6. Submit a one to two page essay on your personal and professional goals and how a degree from The Jack C. Massey School will help you achieve these goals.

7. Submit a current resume. Professional MBA applicants are required to complete at least two years of full-time work experience before starting the program. MACC and Accelerated MBA applicants may enter directly from an undergraduate program. Healthcare MBA applicants are required to have full time work experience within the healthcare industry.

International Applicants

1. International applicants whose native language is not English must demonstrate proficiency in the English language by submitting official TOEFL scores (required minimum of 550 PBT or 80 iBT) or by successful completion of ELS Language Center Level 112.

2. International applicants with college level course work from foreign institutions must have their transcripts evaluated by a credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny & Associates (www.jsilny.com).

3. In order to be issued an I-20 for the desired entry term, international applicants must be admitted no later than October 1, March 1 or June 1 in order to enroll for the spring, summer or fall terms respectively.

Please send all application materials to:
Belmont University
Office of Admissions
1900 Belmont Blvd.
Nashville, TN 37212-3757
615.460.5434 Fax

Questions about your application and/or requirements should be directed to:
The Jack C. Massey Graduate School of Business
1900 Belmont Blvd.
Nashville, TN 37212-3757
615.460.6480 Phone
masseyadmissions@belmont.edu

*Track/Concentration Options Listed by Program

Please select from this list when entering Track/Concentration on Degree Seeking Application

Accelerated MBA = Accounting, Business Negotiation and Mediation, Entrepreneurship, Finance, General Business, Healthcare Management, Marketing, Music Business and Strategic Human Resources

Healthcare MBA = Not Applicable


Accounting = Not Applicable
Belmont University
Degree Seeking Application for Graduate and Professional Programs Admission

Applicant Information

Term for which you are applying
- Fall
- Spring
- Summer 20_____

Degree for which you are applying
- Master of Accountancy
- Master of Business Administration

Program for which you are applying
- Accounting (MACC)
- Professional MBA (MBA)
- Accelerated MBA (MBA)
- Healthcare MBA (MBA)

Track/Concentration* ________________________________________________
*Please see application instructions page for options

Have you previously applied for admission to a Graduate or Professional Program at Belmont University?  
- Yes
- No

If yes, what program? ________________________________________________ for what term? ___________________________

Have you previously paid a $50 Graduate and Professional Programs application fee?  
- Yes
- No

Have you previously attended Belmont University?  
- Yes
- No

If yes, for what term? ___________________________

Personal Data

First Name __________________________________________ Middle Name ___________________ Last Name _______________

Preferred First Name ___________________________________ Former Last Name (if any) _______________

Soc. Sec. No. __________________________________________ E-mail Address _____________________________

Mailing Address Line 1 ________________________________________________________________________________

Mailing Address Line 2 ________________________________________________________________________________

City ___________________ State/Province __________ Zip/Postal Code __________ Country _____________________

Home Phone (______) __________________ Work Phone (______) ___________________ Cell Phone (______) __________

Please select your citizenship status
- U.S. Citizen
- Dual U.S. Citizen
- Permanent U.S. Resident
- Other

If you are not a U.S. Citizen, please fill out the International Supplement.

The following information is requested for statistical purposes only; completion is optional.

Birthdate (MM/DD/YYYY) __________________________ Gender  
- Male
- Female

Are you a U.S. Armed Services Veteran?  
- Yes
- No

Marital Status
- Single
- Married
- Separated
- Divorced
- Remarried
- Widowed

Religious Preference __________________________________________

Ethnic Background: Are you Hispanic or Latino?  
- Yes
- No

Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member.
- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
Education Information

List the names and locations of all colleges/universities at which you have taken courses (including Belmont if you are a former student) and the degrees you have been awarded starting with the most recent. Please use the Additional Education Information Sheet, enclosed in this application packet, if needed. All official transcripts must be mailed directly to the Belmont University Office of Admissions from each institution, including Belmont if you are a former student. In addition, students with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny (www.jsilny.com).

Institution Attended 1

College/University Name ___________________________________________________________

City __________________________________________ State/Province __________________________ Country ________________________

Date attended from (MM/DD/YYYY): ____________________ to: ____________________ GPA earned at this college (on a 4.00 scale): ________________

Degree earned/expected __________________________________ if no degree earned/expected, please leave blank

Institution Attended 2

College/University Name ___________________________________________________________

City __________________________________________ State/Province __________________________ Country ________________________

Date attended from (MM/DD/YYYY): ____________________ to: ____________________ GPA earned at this college (on a 4.00 scale): ________________

Degree earned/expected __________________________________ if no degree earned/expected, please leave blank

Institution Attended 3

College/University Name ___________________________________________________________

City __________________________________________ State/Province __________________________ Country ________________________

Date attended from (MM/DD/YYYY): ____________________ to: ____________________ GPA earned at this college (on a 4.00 scale): ________________

Degree earned/expected __________________________________ if no degree earned/expected, please leave blank

Employer Information (if applicable)

Are you a current Belmont employee?  Yes  No

Employer Name __________________________________________________________ Current Position __________________________

Address __________________________________________________________

City __________________________________________ State/Province __________________________ Zip/Postal Code __________ Country ________________________

Former Employer Name __________________________________________________________

Address __________________________________________________________

City __________________________________________ State/Province __________________________ Zip/Postal Code __________ Country ________________________

In case of emergency, notify person listed below:

First Name __________________________________________ Last Name __________________________ Relationship __________________________

Address __________________________________________________________

City __________________________________________ State/Province __________________________ Zip/Postal Code __________ Country ________________________

Phone (______) ____________________
Background Information

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from 9th grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal or expulsion from the institution.  

- Yes
- No

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony or other crime? (Note that you are not required to answer “yes” to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded or otherwise ordered by a court to be kept confidential.)  

- Yes
- No

If you answered “yes” to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances and reflects on what you learned from the experience.

Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.

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 ____________________

Belmont University is a Christian community. The university faculty, administration, and staff uphold Jesus as the Christ and as the measure for all things. As a community seeking to uphold Christian standards of morality, ethics and conduct, Belmont University holds high expectations of each person who chooses to join the community. In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972, Sections 504 of the Rehabilitation Act of 1973, Belmont University does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, military service, or sexual orientation in its administration of education policies, programs or activities; its admissions policies; or employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. The University has appointed the Associate Dean of Students to serve as the coordinator of compliance for Title VI and Title IX issues and questions for students. Inquiries or complaints should be directed to: Dr. Becky Spurlock, Associate Dean of Students, 615.460.6407 or becky.spurlock@belmont.edu.

Visit www.belmont.edu/prospectivestudents/graduate/ in order to confirm individual program requirements. Please forward all materials, including a $50 application fee, to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757, or fax to 615.460.5434.

How did you learn about Belmont University's Graduate and Professional Programs? (please check all that apply)

- Academic Advisor
- Advertisement
- Another College/University
- Belmont Alumnus
- Belmont Current Student
- Belmont Faculty/Staff
- College Fair
- Employer
- Friend
- GRE
- Internet
- Letter or Email from Belmont
- Professional Association
- Publications
- Other

Please provide names and/or details for the source checked above: ______________________________________________________________________________________________________________________________________
Institution Attended 4
College/University Name ____________________________________________
City __________________________ State/Province __________ Country __________

Date attended from (MM/DD/YYYY): ____________________ to: ____________________ GPA earned at this college (on a 4.00 scale): __________

Degree earned/expected _____________________________________________ if no degree earned/expected, please leave blank

Institution Attended 5
College/University Name ____________________________________________
City __________________________ State/Province __________ Country __________

Date attended from (MM/DD/YYYY): ____________________ to: ____________________ GPA earned at this college (on a 4.00 scale): __________

Degree earned/expected _____________________________________________ if no degree earned/expected, please leave blank

Institution Attended 6
College/University Name ____________________________________________
City __________________________ State/Province __________ Country __________

Date attended from (MM/DD/YYYY): ____________________ to: ____________________ GPA earned at this college (on a 4.00 scale): __________

Degree earned/expected _____________________________________________ if no degree earned/expected, please leave blank

Institution Attended 7
College/University Name ____________________________________________
City __________________________ State/Province __________ Country __________

Date attended from (MM/DD/YYYY): ____________________ to: ____________________ GPA earned at this college (on a 4.00 scale): __________

Degree earned/expected _____________________________________________ if no degree earned/expected, please leave blank
Belmont University
International Supplement

First Name ___________________________________ Middle Name __________________ Last Name __________________

Preferred First Name ___________________ Former Last Name (if any) __________________

Date of Birth (MM/DD/YYYY) ___________________ E-mail __________________

Program for which you are applying __________________

Term for which you are applying  ☐ Fall  ☐ Spring  ☐ Summer 20____

List any non-U.S. countries of citizenship ____________________________________________

Place of birth ____________________________________________

City/Town                      State/Province                      Country

First language __________________

Primary language spoken at home __________________

If you are a Permanent U.S. Resident, list your Alien Registration # __________________

If you have another citizenship status, list your Visa Type __________________
Belmont University

Graduate and Professional Programs Recommendation Form

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<th>This section to be completed by the applicant</th>
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<td>First Name ___________________________  Middle Name ___________________  Last Name ___________________________</td>
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<td>Preferred First Name ___________________  Former Last Name (if any) ___________________</td>
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<tr>
<td>Date of Birth (MM/DD/YYYY) _______________  E-mail ___________________</td>
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</table>

**Note to Candidate:**
Please enter your name above and deliver one copy of this form to two individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Belmont University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed the waiver below, he or she may request to see the recommendation forms after enrolling at Belmont University.

I hereby [ ] waive  [ ] do not waive my right of access to this document should I matriculate to Belmont University.

| Signature ___________________________  Date ___________________________ |

| Term for which you are applying  | ☐ Fall  ☐ Spring  ☐ Summer  20____ |
|-----------------------------------|
| Degree for which you are applying | ___________________________ |
| Program for which you are applying | ___________________________ |
| Program Track/Concentration | ___________________________ |

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<td>Address ___________________________</td>
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<td>City ___________________________  State/Province ___________________________  Zip/Postal Code ___________________________</td>
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<td>Phone (______) ___________________________  Email ___________________________</td>
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| How long have you known this applicant? ___________________________ |
| In what capacity do you know this applicant? ___________________________ |

*For any of the following questions, attach additional sheet if necessary.*

Is there any aspect of this applicant’s background that might interfere with successful completion of their graduate study?

[ ] Yes  [ ] No  If yes, please specify: ___________________________

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant’s ability to complete the program to which he or she is applying: ___________________________

| ___________________________ |
| ___________________________ |
| ___________________________ |
| ___________________________ |
In what areas do you think the candidate needs the most improvement?
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How well do you think the applicant has considered plans for graduate study?
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How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation?
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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

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In regards to this student’s application to graduate study at Belmont University:

☑ Highly Recommend       ☐ Recommend       ☐ Recommend with Reservation       ☐ Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to:
Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615.460.5434.

Signature _________________________________ Date __________________________
Belmont University
Graduate and Professional Programs Recommendation Form

This section to be completed by the applicant

First Name ____________________________ Middle Name ____________________________ Last Name ____________________________

Preferred First Name __________________ Former Last Name (if any) ____________________________

Date of Birth (MM/DD/YYYY) ____________________________ E-mail ____________________________

Note to Candidate:
Please enter your name above and deliver one copy of this form to two individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Belmont University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed the waiver below, he or she may request to see the recommendation forms after enrolling at Belmont University.

I hereby [ ] waive [ ] do not waive my right of access to this document should I matriculate to Belmont University.

Signature ____________________________ Date ____________________________

Term for which you are applying [ ] Fall [ ] Spring [ ] Summer 20____

Degree for which you are applying ____________________________

Program for which you are applying ____________________________

Program Track/Concentration ____________________________

This section to be completed by the evaluator

You are completing a recommendation for an applicant to a graduate or professional program at Belmont University. Your assessment is very important to the Admissions Committee, and we greatly appreciate the time and effort on your part in giving us your appraisal of this candidate.

Name ____________________________ Current Occupation ____________________________

Current Employer/Organization ____________________________

Address ____________________________

City ____________________________ State/Province ____________________________ Zip/Postal Code ____________________________

Phone (______) ____________________________ Email ____________________________

How long have you known this applicant? ____________________________

In what capacity do you know this applicant? ____________________________

*For any of the following questions, attach additional sheet if necessary.

Is there any aspect of this applicant’s background that might interfere with successful completion of their graduate study?

[ ] Yes [ ] No If yes, please specify: ____________________________

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant’s ability to complete the program to which he or she is applying:

________________________________________________________________________________________

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In what areas do you think the candidate needs the most improvement?
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How well do you think the applicant has considered plans for graduate study?
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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

| Music performance ability |                      |                       |                         |                       |                           |                 |
| Knowledge of music history and theory |             |                       |                         |                       |                           |                 |
| Aural skills              |                      |                       |                         |                       |                           |                 |

In regards to this student’s application to graduate study at Belmont University:

☑ Highly Recommend ☐ Recommend ☐ Recommend with Reservation ☐ Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to:
Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615.460.5434.

Signature ____________________________ Date ____________________________
Belmont University

Graduate and Professional Programs Application Fee Form

First Name _____________________________________ Middle Name __________________ Last Name ______________________
Preferred First Name ___________________ Former Last Name (if any) ________________________________
Date of Birth (MM/DD/YYYY) ___________________________ E-mail ________________________________
Program for which you are applying ________________________________
Term for which you are applying  ❑ Fall  ❑ Spring  ❑ Summer       20____

Instructions: The $50 non-refundable application fee may be paid by check, money order or credit card. Check or money orders should be made payable to Belmont University.

Please indicate your method of payment:
❑ Check (Payable to Belmont University)   ❑ Money Order (Payable to Belmont University)
❑ VISA    ❑ MasterCard    ❑ Discover    ❑ American Express

If you are paying by credit card, complete the credit card authorization below

Card Number: ________________________________ Expiration Date (MM/YYYY):

❑         /       

Amount to be charged: $50

Cardholder’s Name ________________________________________________________________
Cardholder’s Signature ________________________________________________________________