

Application for Graduate School Admission



Bryant
UNIVERSITY

Bryant University Graduate School

Application for Graduate Admission

_____ Date

Personal Information

Prefix _____ Last _____ First _____ Middle _____ Suffix _____

Preferred Nickname _____

Other names (for transcript purposes only) _____

Street address _____

City _____ State _____ Zip _____ Country _____

Home phone number () _____ Cell phone number () _____

E-mail Address _____

Gender _____ Marital status (optional) _____ Maiden name _____

Date of birth ____ / ____ / ____ Place of birth _____

Social Security number _____ Ethnicity (optional) _____

Are you a citizen of the U.S.? Yes No If not, specify country of citizenship _____

If citizen of country other than U.S., are you a

– Permanent resident of U.S.? Yes No If yes, alien registration number _____

– Holder of a non-resident Visa? Yes No If yes, specify: F1 H1 J1 Other _____

Do you have any relatives that attended Bryant University? If yes, please specify:

Name _____ Relationship _____

Emergency Contact Information

Please provide information on one of the following (check one) Spouse Parent Other _____

Prefix _____ Last _____ First _____ Middle _____ Suffix _____

Street address _____

City _____ State _____ Zip _____ Country _____

Telephone number () _____

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Employment Information

Current Employer _____

Current Job Title _____

Length of Employment in Current Position _____ Part-Time Full-Time

Total Years of Professional Experience _____

Employer Street Address _____

City _____ State _____ Zip _____ Country _____

Work Phone () _____ E-mail Address _____

Please categorize your company/employer using the following industry list:

- | | |
|---|---|
| <input type="checkbox"/> Consulting (Strategic Planning, Management) | <input type="checkbox"/> Finance (Accounting, Investments, Treasury, Real Estate, etc.) |
| <input type="checkbox"/> General Management (General Services) | <input type="checkbox"/> Human Resources |
| <input type="checkbox"/> Non-Profit (Education, Healthcare, Social Services, etc.) | <input type="checkbox"/> Management Information Systems |
| <input type="checkbox"/> Operations/Logistics (Purchasing, Engineering, etc.) | <input type="checkbox"/> Government (Federal, State, Local, Military) |
| <input type="checkbox"/> Marketing/Sales (Public Relations, Product Management, Market Research, Advertising, etc.) | <input type="checkbox"/> Other: _____ |

Additional Mailing Information

Do you have a second address that would help assure that you receive important correspondence? Yes No

If so, is this address a Temporary Address Mailing Address

Name _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Work Phone () _____

Start date of second address / / _____

End date of second address: / / _____

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Previous Educational Experience

Please list all colleges/universities you have attended regardless of whether or not coursework was transferred and transfer credit granted by another college or university. **List the most recent college or university first.**

Institution 1

College / University Name _____ City, State _____

Degree _____ Type of Enrollment _____

Month/Year Awarded ____ / ____ Years Attended (month/year) ____ / ____ - ____ / ____

Institution 2

College / University Name _____ City, State _____

Degree _____ Type of Enrollment _____

Month/Year Awarded ____ / ____ Years Attended (month/year) ____ / ____ - ____ / ____

Institution 3

College / University Name _____ City, State _____

Degree _____ Type of Enrollment _____

Month/Year Awarded ____ / ____ Years Attended (month/year) ____ / ____ - ____ / ____

Institution 4

College / University Name _____ City, State _____

Degree _____ Type of Enrollment _____

Month/Year Awarded ____ / ____ Years Attended (month/year) ____ / ____ - ____ / ____

Enrollment Information

Are you a transfer student from another college or university? Yes No

Are you applying for re-admission after an absence? Yes No

If yes, please indicate the date (MM/YY) you last attended Bryant University _____

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GMAT Information

Have you taken the Graduate Management Admission Test (GMAT)? Yes No

If yes, date taken _____ If no, when do you plan to take the GMAT? _____

TOEFL Information (International Applicants ONLY)

Have you taken the Test of English as a Foreign Language (TOEFL)? Yes No

If yes, date taken _____ If no, when do you plan to take the TOEFL? _____

Other Universities / Colleges you are Applying to

1. _____
2. _____
3. _____
4. _____

Program of Study

Anticipated degree – please choose from the following options:

Master of Business Administration (MBA)

Two-year program

- Fall _____
 Spring _____

One-year program

- Fall Admission Only _____

Master of Professional Accountancy (MPAc)

- Summer _____ /Summer _____ Spring _____ /Summer _____
 Fall _____ /Spring _____ Summer _____ /Fall _____

Master of Professional Accountancy with Tax Concentration (MPAc-TAX)

- Summer _____ /Fall _____
 Summer _____ /Summer _____

Master of Science in Taxation (MST) (Part-Time Study ONLY)

- Fall _____
 Spring _____
 Summer _____

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Applicant Signature

Please enclose a check for the nonrefundable application fee. This application remains valid one year from the student's anticipated term of initial enrollment. If accepted, you must abide by the rules and regulations of Bryant University and pay all expenses incurred at Bryant University.

In consideration of the undertaking by Bryant University to process this application for admission, the undersigned agrees that any information furnished to Bryant University, at any time and regardless of whether or not the candidate is accepted as a student at Bryant University, including all information and materials of any kind received by Bryant University from any source, or prepared by anyone at its request, shall be completely confidential and shall not be disclosed to anyone, including the undersigned, except that an authorized official of Bryant University may, at her/his discretion, for official purposes, disclose all or any part thereof to such person or persons as she/he may deem advisable.

Applicant's Signature

Date

Printed Name

Nondiscrimination Policy

Bryant University admits students of any race, gender, sexual orientation, religion, color, national, and ethnic origin to all the rights and privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate unlawfully on the basis of race, gender, sexual orientation, religion, color, national, or ethnic origin in administration of its educational policies, admission policies, scholarships and loan programs, and athletic and other school-administered programs. In addition, Bryant University does not discriminate unlawfully against the disabled and is in full compliance with the Rehabilitation Act of 1973, as amended.

Inquiries/complaints with regard to disabled student issues should be directed to the Director of Health Services, Bryant University, Smithfield, RI 029171284, telephone (401) 232-6220, who has been designated by Bryant University to coordinate the institution's efforts to comply with the regulations implementing Section 504. Persons may also contact: Director, U.S. Department of Education, Office of Civil Rights, Region One, Boston, MA 02109, regarding the university's compliance with regulations.

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