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 ( ) _____

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:

- ☐ Consulting (Strategic Planning, Management)
- ☐ General Management (General Services)
- ☐ Non-Profit (Education, Healthcare, Social Services, etc.)
- ☐ Operations/Logistics (Purchasing, Engineering, etc.)
- ☐ Marketing/Sales (Public Relations, Product Management, Market Research, Advertising, etc.)
- ☐ Finance (Accounting, Investments, Treasury, Real Estate, etc.)
- ☐ Human Resources
- ☐ Management Information Systems
- ☐ Government (Federal, State, Local, Military)
- ☐ 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: ___/___/___

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 _____

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 _____

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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