

**SYRACUSE UNIVERSITY - DEFENSE COMPTROLLERSHIP PROGRAM
APPLICATION FOR GRADUATE STUDY**

Name _____
Last First Middle Maiden Suffix

US Citizen _____ or Permanent Resident _____ GS/GM or Rank _____ Branch _____ SSN _____

Gender: ___ Male ___ Female Date of Birth: M/D/Y _____

Ethnicity (optional item): ___ African American ___ Asian/Pacific Islander ___ Mexican American ___ White (non-Latino)
___ Native American ___ Puerto Rican ___ Latino (other) ___ Other _____

Mailing Address _____

Daytime Phone _____ Evening Phone _____

Permanent Address (if other than mailing address) _____

E-Mail Address _____

EDUCATION

Degree (s): Bachelors _____ GPA: _____ Degree Earned: _____ Year Earned: _____
(Institution Name)

Major: _____

Other Institution _____ GPA: _____ Degree Earned: _____ Year Earned: _____

Major: _____

FOR OFFICE USE ONLY

DCP HAS RECEIVED FROM APPLICANT:

Application: with Original Signature _____
Undergrad Transcript(s): Official _____
Graduate Transcript(s): Official _____
GMAT: Official _____
Letters of Recommendation (2) _____
Health Form _____
Informal/Formal Background form _____ Assigned Sponsor: _____

EVALUATION: GPA _____ x 200 + GMAT _____ = Score _____

ACCEPTANCE:

Acceptance letter from DA received _____ Acceptance letter to DA _____
DCP/MBA Acceptance _____ Deferral Notification to DA _____
DCP/MBA Conditional Acceptance _____ Conditional letter to DA _____
Conditional letter to Applicant _____

COMMENTS:

Application for Graduate Admission

WHITMAN SCHOOL OF MANAGEMENT, SYRACUSE UNIVERSITY

Social security number _____ - _____ - _____

Name _____
last first middle maiden

Permanent address (if different from mailing address on cover sheet.)

_____ *number and street city state zip code*

If you have been employed full time after college, provide your employment history (current employment first).
You may fill in this section or attach a resume (preferred).

(1) _____
Employer Your title Employment dates

Significant accomplishments and achievements _____

(2) _____
Employer Your title Employment dates

Significant accomplishments and achievements _____

When did you or will you take the Graduate Management Admission Test (GMAT)? _____
Date

If you are an international applicant, when did you or will you take the TOEFL? _____
Date

Please indicate which sources prompted your awareness of graduate management study at Syracuse University.

_____ A letter received from the Syracuse University
Whitman School of Management

_____ Attendance at a specialized M.B.A. admissions
forum in _____
City

The School's listing in
_____ *Peterson's Guide*

_____ Another guide: _____
name

_____ A visit to Syracuse University
_____ Syracuse Alumni

_____ A faculty member or the placement/career
office at your undergraduate college

_____ Other: _____

LIST ANY COURSEWORK COMPLETED IN MANAGEMENT INFORMATION SYSTEMS AND IN COMPUTER SOFTWARE APPLICATIONS. USE ADDITIONAL PAGES IF NECESSARY. DO NOT REFER US TO YOUR TRANSCRIPT.

Course Title	Credits	Grade

List your knowledge of foreign language(s) and indicate the extent of your written and/or spoken ability.

Comment on your previous college grades as an index of your abilities.

Describe your academic honors, scholastic recognition, and publications you consider significant to your graduate study in management. Attach a separate sheet if necessary.

List and explain any major leadership positions you have held in community and professional organizations since graduation from college or extracurricular activities and athletic activities while enrolled in college. Attach a separate sheet if necessary.

Do you wish to transfer graduate credits from another AACSB/International Association for Management Education accredited program toward your degree? Yes No

If yes, how many? Note: limit is 6 credits.

Have you previously applied to Syracuse University for graduate study? Yes No

If yes, indicate the school or college and year. _____

Are you applying to more than one graduate program at Syracuse University or other institutions? Yes No

If yes, please list the program area(s) and institution(s).

Maxwell, Executive Master of Public Administration

If you indicated earlier that you are applying for a graduate award or appointment, please check each type of award or appointment for which you wish to be considered?

- Syracuse University Graduate Fellowship (see application booklet page 5; check here to apply)
 Graduate School or Whitman School of Management Scholarship (see page 5; check here to apply)
 Graduate Assistantship (see page 5; check here and submit separate application)

I understand that withholding information on this application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify that these statements are correct and complete, and also that I have read, understand, and agree to comply with the Whitman School of Management Academic Integrity Policy.

Signature

Date

Please note: Once application materials have been submitted to Syracuse University, they cannot be returned to the applicant. Submit one original copy single sided, not stapled to:

**Brittany Taylor, DCP Admissions
Whitman Executive Education
721 University Ave, Suite 420
Syracuse, New York 13244**

GRADUATE ENROLLMENT INTERNAL ADMISSION APPLICATION

**Campus mail to: Enrollment Management Processing Center
716 E. Washington St., Suite 200, Syracuse, NY 13210-1572**

This section to be completed by the Student- ALL fields required

1.) _____
NAME: Last (surname), first (given name)

2.) SUID Number: _____

3.) For International Students only:
City of Birth: _____
Country of Birth: _____

4.) Email: _____

5.) My current degree program is:
a) Program name: _____
b) Current degree level (check one)
 MA MS PhD CAS Other _____
c) Calendar*: Semester Quarter

6.) Program I am applying to now:
a) Program name: _____
b) New degree level (check one)
 MA MS PhD CAS Other _____
c) Calendar*: Semester Quarter

7.) Student's Signature and Date:

* Students may not be enrolled in programs offered on different program calendars at the same time.

This section to be completed by the Departments- ALL fields required

1) SU Matriculation Term for new program:
_____ 2U Term (if applicable): _____

2) Current Program code: _____
Campus: _____ Part time Full time
Calendar*: Semester Quarter
New Program code: _____
Campus: _____ Part time Full time
Calendar*: Semester Quarter

Authorized Signatures (must be on file with EMC)

Current Department:

Printed Name: _____
Date _____

Signature: _____

New Department:

Printed Name: _____
Date _____

Signature: _____

This section to be completed by EMC: Entered date _____ Entered by _____ Matric Eff. Date _____

Appl # _____ Term _____ 2U Term: _____

Program _____ Plan _____ Campus: _____

IACC IACS IAEF IALW ILAW Part-time Semester Quarter *Revised: 03/2021*

Instructions:

- This Form is to be used **only** if a degree program or certificate program is being **added** for a term prior to you completing your first degree.
- If you are **changing** your program, please complete a **PROGRAM/PLAN TRANSFER FORM** and submit it to the **REGISTRAR'S OFFICE**.

If you have completed a graduate program within the last academic year, will be starting the new degree after graduation from your initial degree (consecutively), or are not currently pursuing a graduate degree, please submit a graduate application form through the regular admission process.

Portion to be completed by the Student:

- 1.) Print your full name. (last, first name)
- 2.) Print your Syracuse University ID number (SUID).
- 3.) If you are an International Student, enter the city and country in which you were born.
- 4.) Print your email address.
- 5.) a) List the title of your current program. b) Check the degree level of your current program. If it is not listed, please write in the degree in the Other space. c) Enter if you are currently in a semester program or a quarterly program. (Main campus is a semester calendar)
- 6.) a) List the title of your new program. b) Check the degree level of your new program. c) Enter the type of calendar for the new program (semester program or a quarterly program).
- 7.) Sign the form and enter the date you completed the form.

Portion to be completed by the Departments:

- 1) **Matriculation term.** If this is a 2U program, please indicate the term code (ex. 2U51).
Only current or future terms are allowed for CAS programs. You may not back date a CAS.
- 2) **Current program code.** Please indicate the campus (ex. ONL2U), if full or part-time, and if the program is offered by semester or quarterly.
- 3) **New program code.** Please indicate the campus, if full or part-time, and if the program is offered by semester or quarterly. **Students may not be enrolled in programs offered on different program calendars at the same time, i.e., Main (semester) & 2U (Quarterly).**

Authorized signatures: Only authorized signatures on file with Enrollment Processing will be accepted. Signing acknowledges the student is currently enrolled in the degree program(s) listed on this form and **has been accepted into the new degree program**. If you are not admitting and matriculating the student at this time, the student must complete the standard on-line Graduate application and will be considered for admission in the next cohort. **In this case, please contact Isabel Jimenez (imjimene@syr.edu) for an application fee waiver.**

If the student is currently matriculated in a dual degree program, both departments must sign. **This includes programs at ESF or the College of Law.**

You may send this form to Enrollment Processing via fax (315-443-3423, regular campus mail or email(grad@syr.edu). Email is preferred. If faxed or emailed, the original doesn't need to be sent.

Revised: 03/2021

INFORMAL BACKGROUND FORM FOR DCP SPONSOR

NAME _____ NICKNAME (IF ANY) _____

GS/GM RANK _____ BRANCH _____ DATE OF RANK _____

UNDERGRAD INSTITUTEION _____ DEGREE _____ DATE _____

HOME PHONE _____ ADDRESS _____
_____ UNTIL _____

BUSINESS PHONE: (COMMERCIAL ONLY) _____

E-MAIL _____

BUSINESS ADDRESS _____

_____ UNTIL _____

SPOUSE'S NAME _____ WILL SPOUSE ACCOMPANY _____ IF YES, WHEN _____

CHILDREN'S NAMES AND AGES _____

WILL CHILDREN ACCOMPANY _____ IF YES, WHEN _____

HOUSING INFORMATION

Complete the following checklist, so that your prospective sponsor may advise you of the suitable areas. (We suggest that the best source of information regarding the availability of area housing is the Sunday Edition of the Syracuse Post Standard (1-800-765-3231).

_____ RENT _____ BUY : _____ 1-FAMILY HOUSE; _____ 2-FAMILY HOUSE/DUPLEX
_____ TOWNHOUSE; _____ APARTMENT

OF BEDROOMS REQUIRED _____

DESIRED FEATURES: (CHECK APPLICABLE AMENITIES)

_____ FENCED YARD _____ NEAR UNIVERSITY _____ NEAR CHILD SCHOOLS
_____ APPLIANCES INC. _____ GARAGE/CARPORT _____ AIR CONDITIONING
_____ MULTIPLE BATHS _____ LAUNDRY HOOKUP _____ FIREPLACE

SCHOOL REQUIREMENTS FOR DEPENDANTS: _____ PUBLIC _____ PAROCHIAL _____ OTHER

PETS (ONLY PETS WHICH ACCOMPANY) _____ DOG(S) _____ BREED/WEIGHT
_____ CAT(S)

COMMENTS _____

FORMAL STUDENT BACKGROUND STATEMENT*

(Please type or print)

NAME _____ MILITARY: GRADE _____ BRANCH _____

CIVILIAN: GS/GM _____ SERIES _____
GRADE _____

CURRENT ASSIGNMENT:

Title of Position _____

Organization and
Station/Location _____

Briefly describe
duties _____

LIST VERY BRIEFLY THE ASSIGNMENTS YOU HAVE HAD PRIOR TO YOUR CURRENT ASSIGNMENT. LIST THE MOST RECENT FIRST. (Military –Attach ORB)

DATES DUTY LOCATION

**Military students can submit ORB in lieu of this form.*

Syracuse University Recommendation Form

WHITMAN SCHOOL OF MANAGEMENT

To the applicant: This form should be given to an individual under whom you have studied or with whom you have worked who is able to comment on your qualifications for graduate study and for a graduate award or appointment. For the convenience of the person completing this form, please fill in the remainder of this section by typing or printing. Have each recommender return this form to you in the appropriate envelope, sealed, with his or her signature written across the seal.

Your name (*as listed on application*) _____
Last first middle maiden soc.sec. number

Program of study to which you are applying _____

Are you applying for a graduate award or appointment from Syracuse University? _____ Yes _____ No

Under the provisions of the Family Education Rights and Privacy Act,

_____ I have retained my right to access this recommendation

_____ I have waived my right to access this recommendation

Name of recommender _____

applicant's signature

date

To the recommender: Please provide a narrative description of the applicant's qualifications for graduate study. In this regard, please include an assessment of how this applicant compares to others whom you have taught or with whom you have worked. Continue on the back, if necessary. Return this recommendation to the applicant in a sealed envelope on which you have signed across the seal. Note that the applicant may be under deadline to provide this recommendation. Thank you.

Name of recommender _____

Signature _____

Address _____

Position _____ Telephone _____ Date _____

Please give your appraisal of the applicant in terms of the qualities listed below. Rate the applicant in comparison with others applying for graduate study whom you may have known in the applicant's proposed field of study.

	Top 3%	Next 10%	Next 20%	Middle Third	Lowest Third	Unable to Judge
Intellectual ability						
Analytical ability						
Imagination/creativity						
Organizational ability						
Written communication						
Oral communication						
Ability at solving complex problems						
Initiative						
Persistence/drive						
Maturity						