**Syracuse University - Defense Comptrollership Program**

**Application for Graduate Study**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First Middle Maiden Suffix*

 GS/GM or

US Citizen ­­­­\_\_\_\_  **or** Permanent Resident \_\_\_\_ 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 (2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Employer Your title Employment dates*

Significant accomplishments and achievements\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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 \_\_\_\_\_\_ A visit to Syracuse University

Whitman School of Management \_\_\_\_\_\_ Syracuse Alumni

 \_\_\_\_\_\_ A faculty member or the placement/career

\_\_\_\_\_ Attendance at a specialized M.B.A. admissions office at your undergraduate college

forum in\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City*

The School's listing in

\_\_\_\_\_\_ *Peterson's Guide*

\_\_\_\_\_\_ Another guide:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *name*

**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.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Do you wish to transfer graduate credits from another AACSB/lnternational 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?** **\_\_X\_\_** 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:

**Wendy Frye, 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)*

1. **SUID Number**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **For International Students only**:

City of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. **My current degree program is:**
3. Program name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Current degree level (check one)

 □ MA □ MS □ PhD □ CAS □ Other \_\_\_\_\_\_\_

1. Calendar\*: □ Semester □ Quarter
2. **Program I am applying to now:**
3. Program name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. New degree level (check one)

 □ MA □ MS □ PhD □ CAS □ Other \_\_\_\_\_\_\_

1. Calendar\*: □ Semester □ Quarter
2. **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. 2US1).

***Only current or future terms are allowed for CAS programs. You may not back date a CAS.***

1. **Current program code**. Please indicate the campus (ex. ONL2U), if full or part-time, and if the program is offered by semester or quarterly.
2. **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 INSTITUTION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 |  |  |  |  |  |  |