

Personal Information

Name:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Mailing Address:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Social Security Number: _____				
Home Phone Number: _____			Mobile: _____	
Email Address: _____			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: ____/____/____				
Are you a U.S. citizen or permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you're not a U.S. citizen, what is your country of birth? _____				
Do you have F-1 status? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If "yes," what is your sevis I-20 ID#? _____				
If "no," what type of visa do you have? _____				
Are you, your spouse, or dependents a member or a veteran of the U.S. military? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Are you eligible for tuition reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Emergency Contact Information

Name:		
_____	_____	_____
_____	_____	_____
Telephone Number: _____		Email: _____
Relationship to Student: _____		

Entry Information

Date of Enrollment: <input type="checkbox"/> Fall 2015 <input type="checkbox"/> Winter 2016
Have you previously applied to Berkeley College? <input type="checkbox"/> Yes <input type="checkbox"/> No

English Language Proficiency

Have you attended an English Language School in the United States? Yes No

If yes, please indicate the NAME of the school and the PROGRAM LEVEL completed.

Have you taken or will you take the TOEFL Exam? Yes No

If yes, Date _____ Score _____

If another English Proficiency test was taken, please list: Date _____ Score _____

Academic Information

Please list in chronological order all of the post-secondary colleges and universities you have attended, the dates of attendance, and the diplomas, degrees, or certificates received.

Institution	City, State	Dates of Attendance	Diploma/ Degree	Year Conferred

Professional History

Please list all relevant professional work experiences, beginning with the most recent. (Please attach resume.)

Employer	City, State	Position/ Title	Dates of Employment

References

Please list two references who will write letters of recommendation that document your qualifications.

Name: _____	Title: _____
Address: _____	Phone Number: _____
Reference Type: <input type="checkbox"/> Professional <input type="checkbox"/> Academic	
Name: _____	Title: _____
Address: _____	Phone Number: _____
Reference Type: <input type="checkbox"/> Professional <input type="checkbox"/> Academic	

Personal Statement

Please provide a personal statement/self-assessment that covers:

- An assessment of your knowledge, skills, abilities, and experience and how these factors will contribute to your success in the Berkeley College M.B.A. program
- Your educational and career objectives and why you feel the Berkeley College M.B.A. will help you achieve these goals

Optional Information

Ethnic Background

Are you Hispanic or Latino? Yes No

Please select one or more of the following races:

- American Indian or Alaska Native White Native Hawaiian or Pacific Islander
 Black or African American Asian Not Specified

Background Information

Have you ever been convicted of, or are currently charged with a criminal offense of any kind, other than a simple traffic violation? Yes No

If you answer yes to this question, additional information may be requested.

Applicant's Certification

A \$50 non-refundable application fee must accompany this form. Do not send cash through the mail.

By my signing below, I certify to the best of my knowledge that the information contained in this application is true and complete. I understand that I am responsible for tuition and fees. I give Berkeley College permission to contact me.

Signature of Applicant: _____

Date: _____

Program Applicant Requirements

All applicants are required to submit the following items as part of the admissions process:

- Application for Admission
- \$50 non-refundable application fee
- Official transcripts from all undergraduate institutions
- Two recommendation letters
- Resume (two years of full-time, professional employment is required)
- Personal statement
- Proof of immunization or actual immunity against measles, mumps, rubella, hepatitis B and meningitis. Please refer to the Graduate Catalog for immunization policy.
- Application for Waiver of Foundation Courses with course syllabi (if applicant is seeking waivers). Graduates of Berkeley College are not required to submit syllabi.
- Application for Transfer Credit (if applicant is seeking transfer credit from another graduate institution)

BERKELEY COLLEGE
Central Support Services
PO Box 440
Little Falls, NJ 07424

Find out more: 855-522-4723 ext. P80 • BerkeleyCollege.edu • bcgrad@BerkeleyCollege.edu

Berkeley College does not discriminate on the basis of gender, race, color, creed, national origin, age, ancestry, disability, marital status, or veteran status.