

**SUPPLEMENTAL APPLICATION FOR ADMISSION TO GRADUATE STUDY IN BUSINESS
AT THE UNIVERSITY OF OKLAHOMA**



THE UNIVERSITY OF OKLAHOMA
PRICE COLLEGE OF BUSINESS
OFFICE OF GRADUATE PROGRAMS
1003 Asp Ave., Suite 1040
Norman, Oklahoma 73019-4302
Phone: (405) 325-4107
FAX: (405) 325-7753
<http://price.ou.edu/gradprog>

STUDENT INFORMATION

APPLICANT'S NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY NO. OR OU STUDENT ID NUMBER	BIRTHDATE (MONTH, DAY, YEAR)
MR. <input type="checkbox"/>		
MS. <input type="checkbox"/>		
STUDENT MAILING ADDRESS	AREA CODE	TELEPHONE
STUDENT PERMANENT ADDRESS	AREA CODE	TELEPHONE
STUDENT E-MAIL ADDRESS	AREA CODE	TELEPHONE

1. RESIDENT OF OKLAHOMA 2. NON-RESIDENT OF OKLAHOMA - STATE _____ 3. NON - RESIDENT OF THE USA - COUNTRY _____

PROGRAM OF INTEREST

<input type="checkbox"/> Master of Business Administration <input type="checkbox"/> MS in MIS <input type="checkbox"/> Joint BBA/Master of Accountancy <input type="checkbox"/> Master of Accountancy	<input type="checkbox"/> Doctor of Philosophy with a major in: ___ Accounting ___ Finance ___ Management ___ Management Information Systems ___ Marketing / Supply Chain Management	Dual Degree Programs* <input type="checkbox"/> MBA/Juris Doctor <input type="checkbox"/> BS in IE/MBA <input type="checkbox"/> Generic Dual Degree *Please specify the dual degree you are seeking: Degree #1: _____ Degree #2: _____ *Applicants must make separate application and satisfy admission, course and examination requirements of both programs
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PREVIOUS FULL-TIME WORK EXPERIENCE SINCE COMPLETION OF UNDERGRADUATE DEGREE _____ IN MONTHS.

EXPECTED ENROLLMENT

<input type="checkbox"/> Fall 20 _____ <input type="checkbox"/> Spring 20 _____ <input type="checkbox"/> Summer 20 _____	HAVE YOU APPLIED TO THIS GRADUATE COLLEGE BEFORE? <input type="checkbox"/> Yes <input type="checkbox"/> No	WERE YOU ADMITTED? <input type="checkbox"/> Yes <input type="checkbox"/> No	WERE YOU ENROLLED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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ENROLLMENT STATUS Full-time Part-time Undecided

THE GRADUATE MANAGEMENT ADMISSION TEST (GMAT) IS REQUIRED FOR ALL PROGRAMS

I have taken the GMAT on _____ (DATE) SCORE _____

I plan to take the GMAT on _____ (DATE)

SCORE IF TAKEN will be sent has been sent

FOR INTERNATIONAL STUDENTS

DATE ON WHICH YOU WILL (OR DID) TAKE TOEFL	SCORE
_____	_____

IF YOU WISH TO BE CONSIDERED FOR A GRADUATE AWARD, CHECK APPROPRIATE BOX OR BOXES

Teaching Assistantship Research Assistantship Scholarship Minority Scholarship

LIST IN CHRONOLOGICAL ORDER ALL COLLEGES AND UNIVERSITIES ATTENDED

NAME AND LOCATION OF INSTITUTION	MONTH AND YEAR OF ATTENDANCE	MAJOR	DEGREES RECEIVED, DATE, GRADE POINT AVERAGE

LIST NON-ACADEMIC ACTIVITIES, INCLUDING EMPLOYMENT AND MILITARY SERVICE

EMPLOYER	KIND OF WORK	INCLUSIVE DATES

PLEASE INDICATE ALL FELLOWSHIPS, SCHOLARSHIPS, AND OTHER HONORS YOU HAVE RECEIVED

LIST ACADEMIC AND PROFESSIONAL ORGANIZATIONS TO WHICH YOU BELONG

Please provide the name, address, and title of each individual from whom you have requested a letter of recommendation.

NAME	ADDRESS	POSITION

I hereby certify that the information given by me on this application is complete and accurate

APPLICANT DATE