



ALASKA PACIFIC UNIVERSITY

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Web: www.alaskapacific.edu E-mail: admissions@alaskapacific.edu

Application for Graduate Admission

BIOGRAPHICAL INFORMATION

Full Legal Name:

First _____ Middle _____ Last _____

Preferred Name: _____ Former/Maiden Name (s) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Gender: Male Female

Date of Birth: _____ Social Security No.: _____

Citizenship: U.S. Citizen U.S. Permanent Resident A # _____ International*

*International students must also complete the Supplemental Application for International Admission.

First language if other than English: _____

Are you active duty military or a military dependent? Yes No Branch: _____

Current Occupation: _____ Employer: _____

How did you learn about Alaska Pacific University? _____

Have you previously applied to Alaska Pacific University? Yes No Semester Applied for: _____

Have you previously attended Alaska Pacific University? Yes No Dates attended: _____

ACADEMIC PLANS

For which enrollment period are you applying? Fall 20____ Spring 20____ Summer 20____

For which graduate program are you applying?

- | | |
|-------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Master of Business Administration (MBA) | <input type="checkbox"/> Master of Arts Program (MAP) |
| <input type="checkbox"/> MBA with a concentration in
Health Services Administration (MBAHSA) | <input type="checkbox"/> Master of Science in Counseling Psychology (MSCP) |
| <input type="checkbox"/> Executive MBA in Information and
Communication Technology (MBAICT) | <input type="checkbox"/> Master of Science in Environmental Science (MSES) |
| <input type="checkbox"/> Certificate of Graduate Studies in Investments | <input type="checkbox"/> Master of Science in Outdoor and
Environmental Education (MSOEE) |
| <input type="checkbox"/> Certificate of Graduate Studies in Entrepreneurship | <input type="checkbox"/> Master of Arts in Teaching (MAT) |
| | <input type="checkbox"/> Teaching Certification Only-Option Program (CO-OP) |

What is your anticipated course load? Full-time (9 hours or more, 12 hours for MSCP students)
 Part-time (less than 9 hours)

Do you intend to apply for financial aid? Yes No Are You a Veteran? Yes No

Do you intend to apply for on-campus housing? Yes No

Office use only: Date received _____ ID # _____ Paid app. fee Check # _____

EXPERIENTIAL INFORMATION

A. In the space below, please list your work experience for the past five years. You may attach additional sheets if necessary, and if you wish, you may attach a professional resume.

<u>Position</u>	<u>Employer</u>	<u>Dates of Employment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

B. Please list any community service that you have performed during the past five years.

ACADEMIC HISTORY

List all of the colleges and universities you have been enrolled at or received credit from since high school. Include every college and/or university, regardless of the number of credits you earned from the institution or the nature of the program. You are required to submit an official transcript from each institution you have attended. NOTE: Failure to list all colleges and universities attended could result in the withdrawal of your application.

<u>College/University</u>	<u>City/State</u>	<u>Dates Attended</u>	<u>Degree/Major</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you are now attending another institution, what is your anticipated completion date? _____

What is the name of your current institution? _____

HONOR STATEMENT

I certify that the information in this application is accurate and complete. I understand that falsifying any part of this application may result in cancellation of admission or dismissal from the University. I authorize the use of my transcript(s) by the appropriate university personnel in the evaluation of my application.

Signature _____ Date _____