

Application for Admission

Professional Master of Business Administration
Edward S. Ageno School of Business

Social Security* Number _____ GGU ID Number _____

*SSN is requested for identification purposes only. Disclosure is voluntary. Non-disclosure will not negatively affect your admission.

Personal Information-Please Type or Print Neatly

Name _____
last (family/legal) name first (given) name middle name or initial

Other name(s) that may appear on academic records:

_____ last (family/legal) name first (given) name middle name or initial

_____ last (family/legal) name first (given) name middle name or initial

Current Mailing Address _____
number street

_____ city state zip/postal code country

Telephone _____ Fax _____

E-Mail Address _____

Optional Information

Golden Gate University collects demographic data required for various surveys used for institutional comparisons. While a candidate is not required to answer the three questions below, your assistance in providing the information will be most appreciated.

Birth date: (THIS INFORMATION IS REQUIRED OF INTERNATIONAL APPLICANTS)
Month Day Year

Please indicate one of the following ethnic categories which most accurately applies to you:

- | | |
|--|--|
| <input type="checkbox"/> Alaskan Native or American Indian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> White or Caucasian | <input type="checkbox"/> Asian or Pacific Islander |
| <input type="checkbox"/> Hispanic or Latino American | <input type="checkbox"/> Other _____ |

Gender: Female Male

Program Information

For which year are you applying?
 Spring Year _____

Citizenship/Residency Status

Country of birth _____

Country of citizenship _____

US Permanent Resident/Green Card _____

If not a US citizen, what is your visa status?

Non-Resident Visa _____

Native language _____

Educational Information

Have you previously applied for admission and/or been admitted to Golden Gate University? Yes No If yes, when? _____

Have you ever been dismissed, suspended or disqualified from a college or university? Yes No

If yes, please provide additional information on a separate sheet of paper.

List below, in chronological order, every college or university you have attended or are currently attending. Include Golden Gate University, if applicable. List any degrees you expect to have earned by the time you enter Golden Gate University. If, after filing this application, you enroll at another institution, you must have an official transcript of your academic work sent to the Office of Enrollment Services. Attach additional sheets if necessary.

IMPORTANT: Failure to include every college or university attended will invalidate this application.

INSTITUTION	CITY, STATE, COUNTRY	DATES ATTENDED FROM: TO:	DEGREE EARNED OR EXPECTED	DATE EARNED OR EXPECTED

Professional Information

Current Employer _____ name of organization Title/position _____

Address _____ number street _____

city state zip/postal code country

Business Telephone _____ Extension _____

List below any professional license(s) or certificate(s) you currently hold in good standing (e.g., CPA, IRS Enrolled Agent, Certified Financial Planner, etc.):

license/certificate designation granted by year granted license no.

license/certificate designation granted by year granted license no.

Optional Information

I give permission for the following person to discuss my admission status with the GGU Office of Enrollment Services on my behalf during the application process:

Name _____ last (family/legal) name first (given name) middle name or initial

Relationship _____

Signature of Applicant _____ Date _____

Statement and Signature of Applicant

I certify that the foregoing information is true, correct and complete to the best of my knowledge. I have attended, or am attending, no other institutions other than those listed on this application. I shall promptly inform Golden Gate University if there is any change in any facts indicated herein prior to or during enrollment. Any omission or false statement may result in dismissal from GGU or revocation of any degree or certificate earned.

Name _____ PLEASE PRINT last (family/legal) name first (given name) middle name or initial

Signature of Applicant _____ Date _____

For university use only:	Fee received:	Fee amount:
Date application received: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____