

EMPLOYMENT HISTORY

Beginning with your most recent job, please list below in reverse chronological order each of the jobs you have had since the beginning of your college studies. Please account for all periods of time. You may use additional sheets as necessary.

Employer: _____ From _____ To: _____ or Current
(Month/Year) (Month/Year)

Employer's Type of Work:

Position/Job Title:

Location:

Employer: _____ From _____ To: _____ or Current
(Month/Year) (Month/Year)

Employer's Type of Work:

Position/Job Title:

Location:

Employer: _____ From _____ To: _____ or Current
(Month/Year) (Month/Year)

Employer's Type of Work:

Position/Job Title:

Location:

Employer: _____ From _____ To: _____ or Current
(Month/Year) (Month/Year)

Employer's Type of Work:

Position/Job Title:

Location:

Please indicate the program in which you are interested:

Master of Business Administration (M.B.A.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Healthcare Administration | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Pharmaceutical Management |
| <input type="checkbox"/> Financial Markets
Institutions and Instruments | <input type="checkbox"/> International Business | <input type="checkbox"/> Sport Management |
| | <input type="checkbox"/> Management | |

* Select only one concentration. You may add a second concentration after being accepted into the program.

Master of Science (M.S.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Professional Accounting | <input type="checkbox"/> B.S./M.S. Professional Accounting
(SHU Accounting Undergraduates
only) |
| <input type="checkbox"/> International Business | <input type="checkbox"/> Taxation | |

Certificate Programs (15 Credits)

- Certificate in Graduate Business (No GMAT required, but Must have a Bachelor's degree.)
- Certificate of Advanced Study (Applicant must have M.B.A., J.D., or M.S./Business degree) *Please check one:*
- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Information Systems | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Business Law | <input type="checkbox"/> International Business | <input type="checkbox"/> Sport Management |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Management | <input type="checkbox"/> Taxation |

Joint Programs *(Applicants must choose an M.B.A. specialization from above.)

- M.B.A./J.D. (School of Law)*
- M.B.A./M.A.D.I.R. (School of Diplomacy and International Relations)*
- M.B.A./M.S.N. (College of Nursing)*
- M.B.A./B.A. (College of Arts and Sciences)*
- M.B.A./M.S. in International Business*
- M.S. in International Business/M.A.D.I.R. (School of Diplomacy and International Relations)

Marital Status (*optional*): _____

Racial Ethnic Group (*optional*):

- | | |
|---|--|
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Hispanic (Non-Puerto Rican) |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Native American/Native Alaskan | |

Any Certifications?: _____

Applicant Signature _____ Date ____/____/____

PLEASE INCLUDE:

PERSONAL STATEMENT: Write a one-page essay discussing why you should be admitted to the program of interest rather than an individual with similar qualifications. Include both short and long-term professional goals.

RESUME: Include your most current resume.



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Stillman School of Business
Jubilee Hall, Room 515
400 South Orange Avenue
South Orange, New Jersey 07079-2692

Recommendation Form

Name of Applicant

Last

First

Middle

Home Address

Number and Street

City

State

Zip Code

TO THE RECOMMENDER: The person whose name appears above is applying for admission to a Graduate Business Program. The program has the objective of providing qualified, mature individuals with an opportunity to strengthen their managerial competence in the area of business. Your assessment of the applicant will assist the Committee on Graduate Admission in its decision regarding his/her admission to the program.

The following questions suggest the type of information that the Committee finds useful, but this form is provided for convenience only, and your comments are welcome in whatever format you think suitable. We realize that we are asking for considerable time and effort on your part in providing information about the applicant. We want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated. ***Please return your recommendation in a sealed envelope, with your signature over the seal.***

How long and in what capacity have you known the applicant?

What do you consider the applicant's talents or strengths?

What do you consider the applicant's weaknesses?

Do you know of any personal circumstances or condition which might affect the applicant's performance in the program?
If so, explain.

In making your evaluation of this applicant, with what reference group are you making your comparison?

Keeping in mind your reference group, please indicate your appraisal of the applicant in terms of the qualities listed below.

	Below Average <i>Lowest 40%</i>	Average <i>Middle 20%</i>	Above Average <i>Next 15%</i>	Good <i>Next highest 10%</i>	Very Good <i>Next highest 10%</i>	Outstanding <i>Highest 5%</i>	Truly Exceptional
General Ability							
Judgment							
Creative Qualities							
Maturity							
Initiative							
Self-discipline							
Leadership Potential							

Please use the space below (and additional sheets if necessary) to make additional comments concerning the applicant. Comments regarding the applicant's aptitude for graduate work and a career in business will be especially appreciated.

Recommender's Signature _____

Recommender's Name *(please print)* _____

Position or Title _____

Organization _____

Address _____

Number and Street

City

State

Zip Code

Date: _____