Lives of Significance and Service

NORTH PARK UNIVERSITY CHICAGO

Office of Graduate Admissions
North Park University, Box 40
3225 West Foster Avenue
Chicago, Illinois 60625-4895
(773) 244-5500

Application to the School of Business and Nonprofit Management

To be completed by the applicant

Applying for: ❑ January 20 _____ ❑ March 20 _____ ❑ May 20 _____ ❑ August 20 _____ ❑ October 20 _____

Intended Program(s) of Study:

- ❑ Master of Business Administration
- ❑ Master of Management
- ❑ Master of Human Resource Management
- ❑ Master of Higher Education Administration
- ❑ Master of Nonprofit Administration
- ❑ Certificate in Church Administration
- ❑ Certificate in Conflict Management
- ❑ Certificate in Economics
- ❑ Certificate in Finance
- ❑ Certificate in Fundraising Management
- ❑ Certificate in Healthcare Management
- ❑ Certificate in Higher Education Administration
- ❑ Certificate in Human Resource Management
- ❑ Certificate in International Business
- ❑ Certificate in Leadership
- ❑ Certificate in Marketing Management
- ❑ Certificate in Nonprofit Finance
- ❑ Certificate in Nonprofit Governance
- ❑ Certificate in Nonprofit Management
- ❑ Certificate in Nonprofit Marketing
- ❑ Certificate in Operations Management
- ❑ Certificate in Organizational Development

Intended Location of Study:

- ❑ Chicago Main campus (3225 West Foster Avenue)
- ❑ Arlington Heights campus (2121 South Goebbert Road)
- ❑ Grayslake campus (1200 University Center Drive)
- ❑ Online

Applicant Name: _____
Last First M.I. Maiden

First Name Preference: _____

Mailing Address: _____
Number Street Apartment

_____
City State Zip Code

Phone Number: _____
Home Work Cell

Fax Number: _____
Home Work

Email address: _____
Home Work

Continue to next page.

Social Security Number: _____

Gender: ❑ Female ❑ Male

Date of Birth: _____ Place of Birth: _____
Month/Day/Year City State Country

Are you a U.S. citizen? ❑ Yes ❑ No

Country of citizenship? _____

Are you a permanent resident? ❑ Yes ❑ No Visa Type _____

Are you a veteran of the armed forces? ❑ Yes ❑ No

Branch of service _____

Do you have any serious health conditions or limitations which should be brought to the attention of the university? (If yes, please explain on an additional sheet of paper) __ No __ Yes

Previous attendance at North Park? ❑ Yes ❑ No

Name at time of attendance _____

Please list all colleges and universities previously attended, beginning with the most recent.

_____
Name of Institution Dates Attended

_____
Field of Study (if applicable) Degree Earned Date

_____
Name of Institution Dates Attended

_____
Field of Study (if applicable) Degree Earned Date

_____
Name of Institution Degree Earned Date

_____
Field of Study (if applicable) Degree Earned Date

What are your educational and career goals?

_____

_____

_____

_____

_____

_____

_____

_____

Describe any other personal characteristics, interests, talents, professional achievements, or facts which have not been mentioned in previous questions.

_____

_____

_____

_____

_____

_____

_____

ESSAY

Your response to the following question will allow the admissions committee to learn more about you, your career aspirations and, if you are accepted, assist in advising you regarding course selection. If the admissions committee determines that your writing skills need improvement for graduate level work, you may be required to complete a professional writing course before enrolling in the program. Your response should be typed, double-spaced, and written by you without assistance.

1. Why are you seeking a graduate management certificate and/or degree from North Park University and what do you hope to experience and contribute to the program? Specifically, how will your North Park education affect your professional and personal development? (500 words maximum)

FOR DEGREE SEEKING STUDENTS

If you have completed any of the following tests, please record date of testing and score received.

Graduate Record Exam (GRE) _____

Graduate management Admission Test (GMAT) _____

Test of English as a Foreign Language _____

Please list the names, titles, and organizational affiliations of two individuals who will submit letters of recommendation on your behalf.

Name _____

Title _____

Organization _____

Name _____

Title _____

Organization _____

Continue to back page.

Where did you first learn about the School of Business and Nonprofit Management programs?

_____

_____

_____

_____

_____

What was the key factor that caused you to decide to apply to the School of Business and Nonprofit Management at North Park University?

_____

_____

_____

_____

_____

To the best of my knowledge, the information on this application is accurate.

Signature _____ **Date** _____

Lives of Significance and Service

NORTH PARK UNIVERSITY CHICAGO

North Park does not discriminate in regard to race, creed, religion, national origin, sex, age, disability, or color in admission to educational programs.

Gaining admission through misrepresentation is unacceptable and may be the cause for expulsion from the University or recovation or suspension of any degree.

NOTE: The U.S. Dept. of Health, Education and Welfare requires each institution to report on the racial composition of its students. Although self-identification is voluntary, it will assist us if you complete the section below.

Responding to this section is strictly optional and has no bearing on your admission status.

Ethnic background

- ❑ Hispanic/Latino
- ❑ Native American
- ❑ African American
- ❑ Asian/Pacific Islander
- ❑ White/non-Hispanic
- ❑ Other _____

Religious Affiliation, if any

- ❑ Evangelical Covenant
- ❑ Protestant (please specify _____)
- ❑ Roman Catholic
- ❑ Other _____
- ❑ None

Return this application and a $30 non-refundable application fee to:

Office of Graduate Admissions
North Park University, Box 40
3225 West Foster Avenue
Chicago, Illinois 60625-4895