

Fairleigh Dickinson University Application for Graduate Admission

Please return this form, with the non-refundable \$40 application fee, to the Graduate Admissions Office at the appropriate campus. See accompanying directions for the correct address.

AUDIT
AUDIT

Please type or print.

I. Personal Data

Social Security No. Date of Birth _____
Month Day Year

Gender: Male Female

Name _____
Last First Middle Maiden Name

Permanent Address _____

City _____ State _____ Zip _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

E-Mail Address _____ Fax (_____) _____

Present Employer _____ Position _____

Business Address _____
Street City State Zip

Will you apply for tuition reimbursement from your employer? Yes No

Are you a U.S. Citizen? Yes No

If no, are you a Permanent Resident?
 Yes – Attach a copy of your green card to this application. No – Attach a copy of your visa to this application.

II. Enrollment Information

My preferred campus is Metropolitan Campus (Teaneck, NJ) College at Florham (Madison, NJ)
 Monmouth County Graduate Center (Eatontown, NJ)
 Off-Campus Site _____
Please Specify Location

Are you applying as a: **Degree-Seeking Student:** Matriculating Student Non-Matriculating Student
 Non-Degree-Seeking Student: Credit Classes Visiting Student Auditor
 Readmitted Student: Previously Attended Fairleigh Dickinson University _____
Dates of Attendance (From/To)

Will you be attending: Full-time (9 credits or more) Part-time (8 credits or less)
 Day Classes Evening Classes Weekend classes

When do you plan to enter Fairleigh Dickinson University?
 Fall 20____ Spring 20____ Summer (I) 20____ (II) 20____ (III) 20____ Wintersession 20____

Have you previously applied for graduate study at Fairleigh Dickinson University? Yes No

If yes, what was the date of your application? Fall 20____ Spring 20____ Summer 20____

Intended Degree Program or Area of Study (See back page for Graduate Areas of Study)
Degree N/A Major/Area of Study TAXATION Concentration or Specialization (if applicable) _____

Entrance Exams (Please indicate the date on which you will take or have taken the following exams)

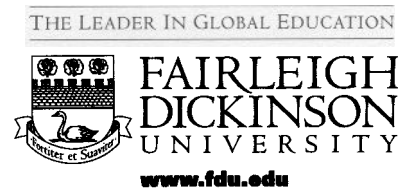
GRE _____
Month/Year N/A

GMAT _____
Month/Year N/A

TOEFL _____
Month/Year N/A

PRAXIS (NTE) _____
Month/Year N/A

MAT (Miller Analogies Test) _____
Month/Year N/A



Please list in chronological order all post-secondary schools attended, including graduate and undergraduate colleges, universities, technical and professional schools. *Applicants must list all schools previously attended.* Please use an additional sheet if necessary.

School _____	Location _____	From _____ To _____
Area of Study/Major _____		Degree _____
		_____ and _____
		Estimated Overall GPA _____ Major GPA _____
School _____	Location _____	From _____ To _____
Area of Study/Major _____		Degree _____
		_____ and _____
		Estimated Overall GPA _____ Major GPA _____
School _____	Location _____	From _____ To _____
Area of Study/Major _____		Degree _____
		_____ and _____
		Estimated Overall GPA _____ Major GPA _____

Please indicate any academic honors or awards you have received.

Please indicate your total number of years of full-time work experience _____

Please discuss your academic objectives and provide any information, including relevant work experience, that you believe would be helpful to the Graduate Admissions Committee when reviewing your application. Please use an additional sheet if necessary.

Optional Information

The following information is optional and will be used for statistical purposes only.

Which of the following best describes you? Please check only one:

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White /Caucasian American (non-Hispanic) |
| <input type="checkbox"/> Asian or Pacific Islander (including Indian subcontinent) | <input type="checkbox"/> Hispanic (including Puerto Rican) |
| <input type="checkbox"/> Black /African-American (non-Hispanic) | <input type="checkbox"/> Other _____
<small>(Please Specify)</small> |

It is agreed and understood that the signing of this application constitutes an agreement on the part of the student to abide by all the rules and regulations of the University. The University reserves the right to deny admission and matriculation to any applicant who, in the judgment of the University, is not qualified. Students who accept enrollment at the University agree to abide by all the rules and regulations now or hereafter promulgated by the University. Any student failing to comply with such rules and regulations may be dismissed or suspended by the University.

Signature _____ Date _____

If you wish to provide additional information in support of your application, you may do so. Such information will be kept in strict confidence. No person acting within the scope of his or her authority and responsibility at Fairleigh Dickinson University shall discriminate on the basis of race, color, creed, sex, national origin, sexual orientation, handicap, military status or age.