

Hamline University School of Business

Application for Admission

Please send the application fee with this form and any supporting documents to:
Office of Graduate Admission, MS-A1710, Hamline University, 1536 Hewitt Avenue, Saint Paul, MN 55104-1284

1. Degree Sought

Master of Business Administration

- Saint Paul
 Minneapolis

Master's in Nonprofit Management

- Saint Paul
 Minneapolis

Dual Master's Program

- MBA/Nonprofit Management
 MBA/Public Administration
 Nonprofit Management/
Public Administration

Master's in Public Administration

- Saint Paul
 Minneapolis

Doctorate in Public Administration

Certificate in Advanced Public Administration

Term Fall Spring Summer Year _____

2. Personal Data

Name _____ SSN _____

Home address _____

City _____ State _____ Zip code _____ Country _____

Employer _____

Title or position _____

Work address _____

Home phone _____ Work phone _____ Fax _____

Cell phone _____ Email _____

Name under which transcripts will arrive, if different from above _____

Gender Male Female Date of Birth (month/day/year) _____

Are you a U.S. citizen or permanent U.S. resident? Yes No

If you are a permanent resident, please provide your Alien Registration Card number _____

If you are not a U.S. citizen or permanent resident, you must also complete the Additional Information for International Applicants section on pages 3-4.

3. Educational Data

A. Institutions

College/University	Dates of attendance	Major	Degree	Date received or expected
--------------------	---------------------	-------	--------	---------------------------

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Research, Publications, Presentations, Major Projects

C. Honors and Awards

D. Relevant Memberships and Activities

4. Professional Data

Please submit a current résumé that includes a chronological list of your employers, positions held, and job responsibilities.

5. Personal Statement

Please submit a 1-2 page typewritten personal statement detailing why you have chosen Hamline University's program, how the program will help you meet your career goals, and which policy areas or concentrations are of interest to you and why.

6. Writing Sample

Please submit at least one sample of your academic or work-related writing. You must be its sole author; it must be at least three pages in length; and it must have been written within the last two years.

7. References

Please have three people write letters of recommendation on your behalf. Letters should be sent directly to the Office of Graduate Admission.

Name	Position	Mailing address	Telephone
<hr/>			
<hr/>			
<hr/>			

Do you waive your right to see these reference letters? Yes No

I certify that the information on this application is complete and accurate. I understand that misrepresentations may be cause for denying admission or terminating enrollment at Hamline University.

Applicant's signature _____ Date _____

Note: In accordance with the Family Educational Rights and Privacy Act of 1974, the above information will be used only by office personnel and university officials and will not be released to third parties without your written consent.

Hamline University does not discriminate on the basis of race, color, national origin, ancestry, sex, disability, religion, age, sexual orientation, or veteran status in its educational or employment programs or activities.

Additional Information for International Applicants

Full legal name _____
Last (family or surname) First Middle

Permanent legal address (if different from home address) _____

City _____ State _____ Zip Code _____ Country _____

Country of citizenship _____ Country of birth _____

Visa type _____ Visa expiration date _____

If you are currently in the U.S., what is the status of your I-94 card? _____

Is English your native language? Yes No

All applicants whose native language is not English must submit results of the Test of English as a Foreign Language (TOEFL). Official score reports must be submitted directly to Hamline from the Educational Testing Service. Our school code is 6265.

Family

Will your family (spouse and/or dependent children) be traveling with you to the United States? Yes No

If yes, their names must be included in your I-20 or IAP-66 document.

Please provide the following information for each family member:

Last name	First name	Date of birth	Country of citizenship	Country of birth	Relationship to you
-----------	------------	---------------	------------------------	------------------	---------------------

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Financial Support Data

U.S. visa regulations require that admission be based upon academic acceptance and satisfactory evidence of adequate funds to meet the expenses involved in the student's proposed program of study. You must submit documentary evidence of the amount of financial support that will be available to you from personal resources, family resources, or any other resources or sponsors (employer, government organization, etc.) that will be providing funds for your educational and living expenses at Hamline University.

Personal funds (in U.S. Dollars) \$ _____

Submit (1) a letter from you stating that you will provide for your own expenses, (2) a personal bank statement, or bank letter stating your account balance.

Family funds (in U.S. Dollars) \$ _____

Submit (1) an affidavit of support from the family member, (2) a bank statement, or bank letter stating their account balance.

Sponsor funds (in U.S. Dollars) \$ _____

Submit an affidavit of support from the sponsor/organization that states (1) the name and address of the sponsor, (2) time period covered, (3) amount of dollars available for education expenses, (4) amount of dollars available for living expenses, and (5) how the funds should be disbursed to the university (monthly, quarterly, etc.). If your sponsor wishes to be billed by Hamline, this must be stated in the letter. Clarify if fees, room and board, and health insurance should be billed as well as tuition.

Total amount available (in U.S. Dollars) \$ _____

If persons other than your family members will provide any part of your financial support, please list them here.

Name of sponsor _____ Relationship to applicant _____

Address _____

Date and Signature

I certify that information contained in this application is complete and accurate to the best of my knowledge. I understand that the submission of inaccurate or incomplete information may be considered sufficient cause for denial of admission or termination of my enrollment at Hamline University.

Applicant's signature _____ Date _____



Address all mail to: Graduate Admission, Hamline University, MS-A1710, 1536 Hewitt Avenue, Saint Paul, MN 55104-1284 USA

The Graduate Admission Office is located at 1536 Hewitt Avenue, Suite 16 in Saint Paul, Minnesota
Hours: Monday-Friday 8 a.m. to 5 p.m. Phone: 651-523-2900, 800-753-9753 Fax: 651-523-3058
Email: gradprog@hamline.edu Web: www.hamline.edu/business