

# COLLEGE OF BUSINESS GRADUATE DEGREE PROGRAM

APPLICATION FOR ADMISSION

• MASTER OF BUSINESS ADMINISTRATION



UNIVERSITY OF  
MARY WASHINGTON

*where great minds get to work*

# UNIVERSITY OF MARY WASHINGTON

## ADMISSIONS CHECKLIST FOR GRADUATE PROGRAMS

Thank you for your interest in the University of Mary Washington.

You may complete the enclosed application or submit an online application, but be sure all requirements listed in sections 1 and 2 below have been completed. The online applications and forms are available at [www.umw.edu/admissions/apply](http://www.umw.edu/admissions/apply).

1. Complete all items listed below and submit with your application fee:

- Application (Don't forget to sign!)
- Honor System Agreement
- Virginia In-State Tuition Form
- Résumé of your work experience
- Prerequisite Waiver Form

2. Send a transcript request to all the colleges you've attended (copies may be made of the form in this booklet):

- Request official transcripts from each and every college or university you attended, even if the courses were transferred somewhere else.
- Request any military transcripts if appropriate.

3. Submit official scores from GMAT or GRE taken within the past five years. A minimum score of 400 is required for the GMAT (or GRE equivalent — approximately a 140 on the verbal and 145 on the quantitative sections). Meeting the minimum requirement does not guarantee admission.

4. Mail or deliver to:

University of Mary Washington  
Office of Admissions  
121 University Blvd.  
Fredericksburg, VA 22406-7239

**Please call the Office of Admissions at 540/286-8030 or  
email [graduate@umw.edu](mailto:graduate@umw.edu) with your questions.  
Monday through Thursday, 8:30 a.m. - 6:30 p.m.; Friday, 8:30 a.m. - 5 p.m.**

# UNIVERSITY OF MARY WASHINGTON

## GRADUATE PROGRAMS APPLICATION FOR ADMISSION

**PLEASE TYPE OR PRINT in the information below and return this form with your \$50 non-refundable application fee to:**

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406-7239  
540/286-8030 • Fax: 540/286-8085 • Email: graduate@umw.edu

For the term beginning  Fall  Spring Year \_\_\_\_\_

### PERSONAL DATA

Legal Name \_\_\_\_\_

Enter name exactly as it appears on passports or other official documents. Last/Family First Middle (complete) Jr., etc.

Prefer to be called (nickname) \_\_\_\_\_ Former last name(s) if any \_\_\_\_\_

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Area Code) Number

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
(Area Code) Number (Area Code) Number

Mailing Address \_\_\_\_\_  
Number and Street

City or Town

State

Country

ZIP Code or Postal Code

Best way and time to contact me: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Do you plan to use tuition reimbursement from your employer?  Yes  No

Are you applying for a graduate assistant position?  Yes  No

Are you applying for conditional admission through the ELS Language Center?  Yes  No

Citizenship:  U.S. citizen  Dual U.S. citizen; please specify other country of citizenship \_\_\_\_\_

U.S. Permanent Resident visa; citizen of \_\_\_\_\_

Other citizenship - Country: \_\_\_\_\_ Visa type: \_\_\_\_\_

**All non-citizens are required to include documentation of their status with their application.**

Do you wish to apply for Virginia in-state tuition (based on Virginia domicile?)  Yes  No

If yes, please state your Virginia city or county of residence. \_\_\_\_\_

**If yes, include the completed Application for Virginia In-State Tuition Rates with your application for admission.**

The following items are optional. Answers to these questions will not be used in a discriminatory manner.

Sex:  Female  Male Birth Date \_\_\_\_\_

Social Security number (excluding your Social Security number may delay the registration process) \_\_\_\_\_

If you wish to be identified with a particular race or ethnic group, please select the one that best describes you:

African American, Black  Asian or Pacific Islander  White, Non-Hispanic

Native American, Alaska Native  Hispanic or Latino  Multiracial

Are you Hispanic/Latino?  Yes, Hispanic or Latino (including Spain)  No Please describe your background \_\_\_\_\_

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

American Indian or Alaska Native (including all Original Peoples of the Americas) Please describe your background \_\_\_\_\_

Are you enrolled?  Yes  No

Please enter tribal enrollment number \_\_\_\_\_

Asian (including Indian subcontinent and Philippines) Please describe your background \_\_\_\_\_

Black or African American (including Africa and Caribbean) Please describe your background \_\_\_\_\_

Native Hawaiian or Other Pacific Islander (Original Peoples) Please describe your background \_\_\_\_\_

White (including Middle Eastern) Please describe your background \_\_\_\_\_

How did you learn of University of Mary Washington?

Newspaper  Information Session  Friend or Colleague  Radio  Other \_\_\_\_\_

# GRADUATE PROGRAMS APPLICATION FOR ADMISSION

## GRADUATE PROGRAMS

Please select the program to which you are applying:

- Master of Business Administration, with a concentration in:
  - Information Assurance and Security
  - Management Information Systems
  - Organization and Human Resource Management
  - Project Management
  - I would like to take classes in multiple areas and would not like to designate a concentration on my transcript.

I am applying for the:  Daytime program  Evening program

I plan to be a:  Part-time student  Full-time student

I plan to take classes at:  Fredericksburg campus  Stafford campus  Dahlgren campus  Multiple campuses

## EDUCATION

Of the following list, please mark your highest level of education:

- Bachelor's Degree
- Graduate, level unknown
- Post Master's or Certificate
- Master's Degree
- Doctorate

List all colleges and universities attended (full- or part-time) beginning with the current or most recent—including UMW.

**Transcripts from all schools listed are required for admission.**

College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled

Have you previously applied to or attended the University of Mary Washington?  Yes  No

Please indicate your status in the U.S. Armed Forces:

- No relationship
- Currently serving
- Previously served
- Current dependent

For veterans and members of our Armed Forces, please show your DD-214 to the Office of Graduate Admissions to receive priority registration.

Have you been convicted of a crime other than a traffic violation?  Yes  No  
If yes, please attach a short explanation.

## ADDITIONAL INFORMATION

Include a résumé of your work experience.  
(No more than two typed pages.)

# HONOR SYSTEM AGREEMENT (PLEASE READ AND SIGN)

## THE HONOR SYSTEM: A WAY OF LIFE AT UMW

*The Honor System is fundamentally a code of personal integrity. It means that students of the University of Mary Washington accept the challenge to make their word of honor a pledge of absolute truthfulness in all matters that fall within the Honor Code. It is a commitment to a way of life characterized by loyalty to the highest ideals of individual and collective ethical responsibility. — Dr. Edward Alvey, Dean Emeritus*

### STATEMENT OF NON-DISCRIMINATION

*The University of Mary Washington subscribes to the principles of equal opportunity and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliation, marital status, sexual orientation, sex, or age in recruiting, admitting, and enrolling students or in hiring faculty and staff members. The University will not recognize or condone student, faculty, or staff organizations that discriminate in selecting members. Complaints of discrimination or questions should be directed to the AA/EEO Officer of the University.*

### COMMUNITY VALUES

*Several elements contribute significantly to the fulfillment of the University's mission. One is the encouragement of, and respect for, individual and cultural diversity. The University also insists upon an atmosphere of civility*

*and tolerance consistent with the ideals of a community of scholars. Toward that end, the University embraces a statement of community values and expectations concerning the behavior of its members. This statement declares that:*

*The University of Mary Washington is an academic community dedicated to the highest standards of scholarship, personal integrity, responsible conduct, and respect for the individual. We hold among our foremost common values:*

- *The importance of personal integrity as reflected in adherence to the Honor Code,*
- *The right of every individual to be treated with dignity and respect at all times,*
- *The acceptance of and respect for diversity in our community and adherence to the University's Statement of Non-Discrimination, and*
- *The freedom of intellectual inquiry in the pursuit of truth.*

*As members of the University community, we refuse to tolerate behavior that in any way compromises or threatens these values.*

PLEASE READ THE HONOR CONSTITUTION:  
[students.umw.edu/honor-system](http://students.umw.edu/honor-system)

## UMW HONOR PLEDGE AND TERMS OF APPLICATION

I, as a student at the University of Mary Washington, do hereby accept the Honor System. I have read the information about the Honor System, understand it, and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying the facts. I acknowledge that, in support of the Honor System, it is my responsibility to report any violations of the Honor Code of which I am aware, and that it is my duty to participate as an honor trial juror if called upon to serve, unless officially excused.

I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable, and that such a violation could result in my permanent dismissal from the University. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

I have read and understand the expectations outlined in the "Statement of Community Values and Behavioral Expectations" and the "Statement of Non-Discrimination."

I understand that this application is subject to all terms and conditions, financial and otherwise, set forth in the current catalog and to all officially announced changes. I agree to accept all terms and conditions, financial and otherwise, which are in effect during the entire period of enrollment.

I also understand that I cannot be licensed to teach in the Commonwealth of Virginia if I have ever been convicted of a felony.

**I certify that the information given in this application is correct to the best of my knowledge and belief. My signature below indicates that I accept the obligations and conditions of the Honor System.**

I acknowledge responsibility for all tuition and fees resulting from my acceptance of an offer of admission to the University of Mary Washington.

**Applicant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**IMPORTANT:** Please reread this application and make sure that all blanks have been filled in. Incomplete forms will be returned, and the processing of your application may be delayed.



where great minds get to work

## REQUEST for WAIVER/TRANSFER CREDIT PREREQUISITE/CORE/CONCENTRATION COURSES

### PLEASE READ BEFORE PROCEEDING TO THE NEXT SECTION

---

As part of the application process, the admissions committee would like to know the undergraduate and graduate courses you have taken at other colleges and universities, including UMW, that may serve as the basis for a waiver of prerequisite course(s) or transfer of a graduate course(s). The curriculum must meet specific criteria and will be evaluated before a waiver or transfer credit is granted.

The following form gives you the opportunity to list courses you have already completed and which may be waived for the program to which you are applying.

For your previous coursework to be considered as equivalent to a UMW course, it must meet the following criteria:

- Completed at a regionally accredited college or university
- Completed prior to admission to UMW
- Included in the official transcript that is submitted to UMW Admissions

#### **Course Waiver Information**

- ♦ The course component is designed to provide the essential business and/or technology knowledge and skills required for completion of the MBA program.
- ♦ Some or all of the prerequisite courses may be waived by:
  - Passing an examination addressing the course content. A course may be challenged by exam only one time.
  - CLEP Exam OR faculty-developed exam administered at the discretion of business faculty.
- ♦ *For waiver of undergraduate prerequisite course(s), previous course work must have been:*
  - Completed with a “C” or better
  - Awarded an equal or greater number of credits as the course being waived (may combine two or more courses)
  - Equivalent to a required prerequisite.
- ♦ It is the responsibility of the MBA applicant to demonstrate why or how a prerequisite course should be waived.

#### **Graduate Course Transfer Information**

- ♦ *For transfer of graduate course(s):*
- ♦ Course work must have been completed within the past six years and have earned a grade of “B” or higher.
- ♦ Course content must be equivalent to a similar UMW class. If possible, please provide a course description or syllabus.

If you have questions, please contact the UMW Office of Admissions; call 540/286-8030 or email [graduate@umw.edu](mailto:graduate@umw.edu).

UNIVERSITY OF MARY WASHINGTON  
MBA

**REQUEST for WAIVER/TRANSFER CREDIT**  
**PREREQUISITE/CORE/ELECTIVE COURSES**

Name: \_\_\_\_\_  
Last
First
Middle Initial

**For course work completed at another institution to be considered equivalent to a UMW course, it must meet the following criteria:**

- Completed at a regionally accredited college or university.
- Content was equivalent to the UMW course. If possible, please provide a course description or syllabus.
- Completed before admission to UMW.
- *Waiver for prerequisite level courses* must have been completed with a grade of "C" or higher.
- Had an equal or greater number of credits awarded (may combine two or more courses).
- *Transfer Credit for graduate level courses* must have been completed within the last six years with a grade of "B" or higher.
- Official transcript is submitted.

Information for Prerequisite Course Waiver Request(s)						
UMW Prerequisite Courses	Potential Equivalent Course(s)				OFFICIAL USE ONLY	
	Course #	Course Title	Completed at (Name of Institution)	Grade	Approval (Initials)	Reason for Denial
<i>Example</i> LRSP 344 Fin. Mgmt.	MGMT 3XX	Financial Management	J. Smith Accredited College	<del>X</del>	<del>Yes No</del>	<del>Grade Content    Need Additional Information</del>
LRSP 201 Acctg. for Mgrs.					__Yes __No	__Grade __Content    __Need Additional Information
LRSP 306 Econ. for Bus.					__Yes __No	__Grade __Content    __Need Additional Information
LRSP 308 Marketing & Management Modules					__Yes __No	__Grade __Content    __Need Additional Information
LRSP 316 Quant. Mthds. & Stat. Modules					__Yes __No	__Grade __Content    __Need Additional Information
LRSP 344 Financial Management					__Yes __No	__Grade __Content    __Need Additional Information

Information for Graduate Level Transfer Credit Request(s)						
Equivalent UMW Graduate Course	Potential Equivalent Course(s)				OFFICIAL USE ONLY	
	Course #	Course Title	Completed at (Name of Institution)		Approval (Initials)	Reason for Denial
					__Yes __No	__Grade    __Age __Content    __Need Additional Information
					__Yes __No	__Grade    __Age __Content    __Need Additional Information

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

PROGRAM USE ONLY

\_\_\_\_\_  
Reviewer
Date
Reviewer
Date

COMMENTS:



University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. **All questions must be answered.**

## Section A - Student Information

- 1) Name of applicant \_\_\_\_\_  
Last First Middle
- 2) Social Security number (Optional) \_\_\_\_\_ 3) Date of birth \_\_\_\_\_
- 4) Citizenship  U.S.  U.S. permanent resident  Non-U.S. Please specify visa type \_\_\_\_\_ Exp. date \_\_\_\_\_ (Please provide copy of I-94)
- 5) How long have you lived in Virginia? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)
- 6) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)
- |                |       |       |          |       |       |
|----------------|-------|-------|----------|-------|-------|
| Street address | City  | State | ZIP code | From  | To    |
| _____          | _____ | _____ | _____    | _____ | _____ |
- 7) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):
- |                |       |       |          |       |       |
|----------------|-------|-------|----------|-------|-------|
| Street address | City  | State | ZIP code | From  | To    |
| _____          | _____ | _____ | _____    | _____ | _____ |
- |   |   |
|---|---|
| <p>8) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         b.) If yes, does your spouse provide over 50% of your financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10) Do any of the following characteristics apply to you?<br/>         Place a check beside all that apply.<br/> <input type="checkbox"/> Age 24 or older as of the first day of the term in which you intend to enroll<br/> <input type="checkbox"/> Veteran or active duty member of the U.S. Armed Forces<br/> <input type="checkbox"/> Graduate or first-professional student<br/> <input type="checkbox"/> Ward of the court or was a ward of the court until age 18<br/> <input type="checkbox"/> If both parents are deceased, no adoptive or legal guardian<br/> <input type="checkbox"/> Legal dependents other than a spouse</p> <p>11) In the last tax year did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13) Are you a registered voter in Virginia?<br/>         Date registered _____ Original _____ Re-registered _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14) Do you hold a valid Virginia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/>         Date issued _____ Original _____ Renewal _____<br/> <i>If no, indicate your driver's license status:</i><br/>         Hold in another state _____ Not licensed _____</p> | <p>15) Did you own or operate a motor vehicle registered in Virginia during the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If no, indicate registration status:</i><br/>         Registered in another state _____<br/>         Did NOT own or operate a motor vehicle _____</p> <p>16) Are you or is your spouse an active duty member of the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If no, continue to Question 17.</i><br/> <i>If yes, who is a member? Self _____ Spouse _____ and answer the following:</i><br/>         a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If yes, as of what date? _____</i><br/> <i>Where were you stationed on that date? _____</i><br/> <i>Please submit a copy of the most recent leave and earnings statement.</i><br/>         b.) If you are in the military, or if your spouse is, are you assigned to a permanent duty station in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If yes, as of what date? _____</i><br/> <i>Where are you stationed? _____</i><br/> <i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.</i></p> <p>17) Answer this question only if you live <i>outside</i> Virginia but <i>work</i> in Virginia: Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, and paid Virginia income taxes on all taxable income earned in this commonwealth, for at least one year prior to the term in which you will enroll? <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i></p> |
|---|---|

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of applicant \_\_\_\_\_

Date \_\_\_\_\_

## Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the 12 months immediately preceding the first day of classes, has provided more than half of the applicant's financial support.

1) Name of  parent  legal guardian  spouse \_\_\_\_\_

2) How long have you lived in Virginia? \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

3) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address                      City                      State                      ZIP code                      From                      To

4) Employment information for at least one year prior to the date for which in-state tuition rates are sought (*If not employed, or if retired, please indicate.*):

Street address                      City                      State                      ZIP code                      From                      To                      Full-time/part-time

- |   |  |  |  |
|---|--|--|--|
| <p>5) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____<br/>_____</p> <p>6) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll?<br/><i>If no, please explain:</i> _____</p> <p>7) Will you have provided more than half of the applicant's financial support for at least 12 months prior to the term in which the applicant will enroll?<br/><i>If no, please explain:</i> _____</p> <p>8) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> _____</p> <p>9) Are you a registered voter in Virginia?<br/>Date registered _____ Original _____ Re-registered _____<br/><i>If no, indicate your registration status:</i><br/>Registered in another state _____ Not registered _____</p> <p>10) Do you hold a valid Virginia driver's license?<br/>Date issued _____ Original _____ Renewal _____<br/><i>If no, indicate your driver's license status:</i><br/>Hold in another state _____ Not licensed _____</p> <p>11) Did you own or operate a motor vehicle registered in Virginia during the last year?<br/><i>If no, indicate your auto registration status:</i><br/>Registered in another state _____<br/>Did NOT own or operate a motor vehicle _____</p> | <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/></p> | <p>12) Are you or is your spouse an active duty member of the U.S. armed forces?<br/><i>If no, continue to Question 13.</i><br/><i>If yes, who is a member? Self _____ Spouse _____</i><br/>and answer the following:</p> <p>a.) Are Virginia income taxes paid on all military income?<br/><i>If yes, as of what date? _____</i><br/>Where were you stationed on that date? _____<br/><i>Please submit a copy of the most recent leave and earnings statement.</i></p> <p>b.) Are you or your active-duty spouse assigned to a permanent duty station in Virginia?<br/><i>If yes, as of what date? _____</i><br/>Where are you stationed? _____<br/><i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i></p> <p>13) Answer this question only if you live <i>outside</i> Virginia but work in Virginia:<br/><br/>Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? <input type="checkbox"/> <input type="checkbox"/><br/><i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i></p> | <p>Yes    No</p> <p><input type="checkbox"/>   <input type="checkbox"/></p> <p><input type="checkbox"/>   <input type="checkbox"/></p> <p><input type="checkbox"/>   <input type="checkbox"/></p> <p><input type="checkbox"/>   <input type="checkbox"/></p> |
|---|--|--|--|

I certify that the information I have provided is true.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

# TRANSCRIPT REQUEST

To the student: Fill out this form completely and mail to all colleges and universities you have attended. There may be a fee, so be sure to call or email each institution prior to sending this transcript request form. Duplicate as needed.

To the institution: Please send a copy of an official transcript to:

University of Mary Washington  
Office of Admissions  
121 University Blvd.  
Fredericksburg, VA 22406-7239

Also, please send an unofficial transcript for my personal use to the mailing address below.  
I have included a transcript request fee of \$ \_\_\_\_\_

Social Security number (Optional) \_\_\_\_\_ Today's date \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Previous name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_

Dates I attended \_\_\_\_\_ Year of graduation (if applicable) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

