



MASTER'S DEGREE PROGRAM APPLICATION

Check one:

- Master of Acquisition Management
- Master of Business Administration
- Master of Contract Management.....
- Master of Project Management
- Master of Supply Management

Registrar					
Date Received	Fee Paid: Y/N	Transcript Received: Y/N	App. Approved: Y/N	Date:	No. Of Advanced Standing Credits:

Instructions
<p>Read application carefully before completing. Provide all information requested (Name, Address, etc) If more space is required, attach additional pages and return with the application to:</p> <p style="margin-left: 40px;">Registrar American Graduate University 733 North Dodsworth Avenue Covina, CA 91724-2499</p> <p>Payment of the \$50 nonrefundable processing fee must accompany the application. See reverse side for payment options.</p>

Applicant Information					
1. Name (Last, First, Middle initial)		2. Maiden Name		3. Title	
5. Division/Branch			6. Office Street Address		7. City
8. State	9. ZIP	10. Country	11. Office Email		12. Office Fax
13. Office phone					
14. Job Description					

Personal Information (*indicates required field)			
15. *Home Street Address			
16. *City	17. *State	18. * ZIP	19. *Country
20. *Home Phone	21. Home Fax		22. Home Email

Professional Experience (List most recent first; omit present employment)			
23. Employer		24. Job Title	
25. Dates (list most recent first; omit present employment)		Month/Year	Month/Year
		To	
26. Employer		27. Job Title	
28. Dates (list most recent first; omit present employment)		Month/Year	Month/Year
		To	

Colleges or Universities Attended (Degree applicants must have a Baccalaureate degree from a recognized university)					
29. University		30. City		31. State	32. Country
33. Dates		34. Graduated		35. Graduation Date	
Month/Year	To	Month/Year	To	Month/Year	To
		Yes	No	36. Major	
37. Degree Earned					
38. University		39. City		40. State	41. Country
42. Dates		43. Graduated		44. Graduation Date	
Month/Year	To	Month/Year	To	Month/Year	To
		Yes	No	45. Major	
46. Degree Earned					

Advanced Standing

Applicants may receive up to 6 units of Advanced Standing (transfer credit) for courses completed in another accredited graduate program or with the Defense Acquisition University. An advanced standing request form will be sent to you by email.

Statement of Goals

Please submit below a brief statement of your professional and educational objectives, including your reasons for pursuing the degree or certificate program.

I will be using my VA benefits

I certify that I have personally prepared this application and the information given is correct.

Signature of Applicant

Date of Application

Application Fee Payment Options

- Check Enclosed** – Make payable to : American Graduate University. (TIN: 43-1979796)
- Credit Card** Visa MasterCard American Express Discover Card

Name of Cardholder _____

Credit Card Number Expiration (mm/yy) ____/____

Signature _____

How Did You Hear About Us ?

- Internet (if so, which search engine) _____
- Print media (which magazine or journal) _____
- Direct mail _____
- Personal referral (name of person) _____
- Conference / Trade Show (which one) _____
- Other _____