

# Application for Admission Executive MBA (Healthcare and Life Sciences)

**SILBERMAN**  
COLLEGE OF BUSINESS | FAIRLEIGH DICKINSON  
UNIVERSITY

Please print or type all information.

## Personal Information

Social Security Number    -   -     (required for U.S. citizens)

Semester in which you plan to enroll:  Fall 20\_\_\_\_  Spring 20\_\_\_\_

Date of Birth \_\_\_\_\_ Gender  Male  Female

Name \_\_\_\_\_  
Last/Family First Middle

Nickname or preferred name \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street

City State Country Zip/Postal Code

Home Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Where would you like School and University correspondence sent?  Home address  Business address

Citizenship:  United States  Permanent Resident  Citizen of: \_\_\_\_\_  
Country

If not a U.S. citizen and/or a permanent resident currently in the U.S., what is your current or anticipated US Visa type?

F-1 (student)  H-1 (temporary worker)  H-4 (married dependent of H-1)  J-1 (visitor/exchange)

Other \_\_\_\_\_

## Demographic Information (Optional: For statistical purposes)

Marital Status:  Single  Married  Divorced  Widowed

Ethnic Group:  American Indian/Alaskan Native  Black or African-American  Asian  Foreign Citizen  
 Hispanic or Latino  Caucasian/White  Native Hawaiian or Pacific Islander  Other

Do you have any physical conditions requiring special assistance?  Yes  No

Person to contact in the event of an emergency: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Indicate source that prompted you to apply to our Executive Program:

Faculty member  Employer or business colleague  Newspaper ad  Mailing  Radio ad  Alumni

Open house  Website  Other \_\_\_\_\_

## Statement of Goals

On an attached sheet, please provide a brief statement of your professional goals in pursuing an Executive MBA.



## Education

List in chronological order all academic work since high school and provide transcripts for all schools attended. Use additional sheet(s) if necessary.

College or University \_\_\_\_\_

City/State or Country \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_

Cumulative GPA\* \_\_\_\_\_ GPA in Major \_\_\_\_\_ Degree and Date \_\_\_\_\_

\* Based on a 4.0 scale

College or University \_\_\_\_\_

City/State or Country \_\_\_\_\_

Dates Attended: \_\_\_\_\_ to \_\_\_\_\_ Major \_\_\_\_\_

Cumulative GPA\* \_\_\_\_\_ GPA in Major \_\_\_\_\_ Degree and Date \_\_\_\_\_

\* Based on a 4.0 scale

Management courses attended (one week or longer in duration) or special certifications earned (e.g., CPA, CLU, P.E., etc.)

Course \_\_\_\_\_ Given by \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Given by \_\_\_\_\_ Date \_\_\_\_\_

Course \_\_\_\_\_ Given by \_\_\_\_\_ Date \_\_\_\_\_

## Professional and Civic Activities/Achievements

List any significant professional or civic activities (including leadership positions), as well as honors received.

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## Tests and Transcripts

Official Post-secondary Transcripts:  Enclosed  Will send upon receipt

TOEFL or IELTS (for non-native English speakers) Date Taken \_\_\_\_\_ Score \_\_\_\_\_

GMAT (preferred but not required) Date Taken \_\_\_\_\_ Score \_\_\_\_\_

GRE (if taken) Date Taken \_\_\_\_\_ Total Score \_\_\_\_\_

*GMAT requirements may be waived at the discretion of the Program Director and the Graduate Admissions Review Committee, based on the candidates professional background and experience, or if he/she holds an advanced degree.*

## Recommendations

The following individuals will be asked to submit letters of recommendation. (NOTE: One recommendation must be from your immediate supervisor.)

Name \_\_\_\_\_ Title \_\_\_\_\_

Position Relative to Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Position Relative to Applicant \_\_\_\_\_ Telephone \_\_\_\_\_

## Visa Information

NOTE: International students must submit proof of financial ability. An Affidavit of Financial Support will be mailed to applicants who require an F, J or M student visa.

## Billing Information

Will your employer provide tuition assistance?  Full tuition  Partial tuition (up to \$ \_\_\_\_\_ per year)  
 No, I will be responsible for my tuition.

I certify that the information provided in this application is complete and accurate to the best of my knowledge. I agree to abide by the policies and regulations of Fairleigh Dickinson University, if I am admitted as a student.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*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, sexual orientation, national origin, handicap, military status or age.*

**Please return this form in the envelope provided, making certain to also sign the sealed flap. Questions should be directed to:**

Pete Caliguari, Director of Executive Programs, Silberman College of Business  
Fairleigh Dickinson University, 1000 River Road, H-DH2-07, Teaneck, NJ 07666  
Telephone: 201-692-7229 • E-mail: caligup@fdu.edu

