

WILLIAM PENN UNIVERSITY

MASTER OF BUSINESS LEADERSHIP

APPLICATION FOR ADMISSION

Thank you for your interest in William Penn University! For over 140 years, we have provided opportunities in education to people from all over the world. This mission lives on today, through alternative course and degree offerings including online, evening, and weekend options. Thank you for considering William Penn University as the institution where you pursue your educational goals.

Please follow the instructions below to submit a completed application to the graduate program. We look forward to working with you through the admissions process.

APPLICATION PROCESS

1. Complete application fully and submit it through one of the following methods:

Mail to: William Penn University
Attn: Admissions
201 Trueblood Avenue
Oskaloosa, Iowa 52577

Fax: 641-673-2113

Email: admissions@wmpenn.edu

2. Request an official transcript from the institution that granted your undergraduate degree to be sent to the address above.
3. Submit a current resume, including work experience and educational background.
4. Have two academic or professional references complete and return the recommendation form at the end of the application directly to William Penn.
5. Submit a 500 word Statement of Purpose discussing your professional goals and how, in light of your strengths, an MBL will bring you closer to the realization of these goals.

Once these documents are received, a representative from the William Penn University Office of Admissions will contact you about the next steps in the admissions process.

QUESTIONS?

Contact us! We are here to help you through the entire admissions and financial aid process. Please contact us at:

Toll-Free : 800-496-7366

Direct: 641-673-1012

Email: admissions@wmpenn.edu

Fax: 641-673-2113



WILLIAM PENN UNIVERSITY

APPLICATION FOR ADMISSION

GRADUATE PROGRAM

RETURN TO: WILLIAM PENN UNIVERSITY
OFFICE OF ADMISSIONS
201 TRUEBLOOD AVE
OSKALOOSA, IA 52577

Please complete this form **fully** to be considered for admission to William Penn University's Graduate Program.

- To complete your application, please also submit:
- Official transcript from institution that granted your undergraduate degree
 - Current resume 500 word Statement of Purpose
 - 2 academic/professional references complete and return recommendation form

Questions? Call the Office of Admissions at 1-800-779-7366 ext. 1

APPLICANT

Legal Name _____
Last (Enter name exactly as it appears on official documents.) First Middle Jr., etc.

Preferred name, if not first name (only one) _____ Former last name(s) _____

Birth Date _____ Female Male U.S. Social Security Number, if any _____
mm/dd/yyyy

Preferred telephone Home Cell Home (____) _____ Cell (____) _____

E-mail Address _____ Secondary E-mail _____

Permanent home address _____
Number & Street Apartment #

City/Town County or Parish State/Province Country ZIP/Postal Code

Current address (if different from permanent) _____ Address valid until _____
mm/dd/yyyy

DEMOGRAPHICS

Marital Status
 Single Married Divorced Widowed
 If married, spouse's name _____

Birthplace _____
City/Town State/Province Country

Religious Affiliation _____
(Optional)

- Have you ever served in the U.S. Military? Yes No
 If no, are you the dependent of someone who served? Yes No
- If yes to either of the above, do you intend to apply for military or veteran's educational benefits? Yes No
 If yes, what is your current military status (or the veteran's if you are a dependent)?
 Active Duty National Guard/Reserve Veteran

Citizenship Status U.S. Citizen Other _____

- Are you Hispanic/Latino or of Spanish origin?
 Yes (If yes, please describe your background below) No

- Regardless of your answer to the prior question, please indicate how you identify yourself (check all that apply).
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White or Caucasian

Place of Employment and Address _____

Will you be applying for Tuition Assistance/Tuition Reimbursement from your Employer? Yes No

YOUR PLANS

I wish to apply for the following program:

- Masters in Business Leadership

I am interested in Enrolling during the following session:

- Fall (August)
- Spring (January)
- Summer (June)

What is your preferred learning style:

- Online Blended (combination of classroom and online)

Are you living with your parents? Yes No

Do you intend to apply for financial aid? Yes No

Note: To be considered for grants, loans, work-study and scholarships you will need to complete the Free Application for Federal Student Aid. This form may be obtained through a high school guidance office or through the William Penn University Office of Admissions. It is also available online at www.fafsa.gov.

EDUCATION

Please list **all colleges with dates** attended (attach separate sheet if necessary):

<i>School Name</i>	<i>City, State, Zip, Country</i>	<i>Dates Attended (mm/yyyy)</i>
<i>School Name</i>	<i>City, State, Zip, Country</i>	<i>Dates Attended (mm/yyyy)</i>
<i>School Name</i>	<i>City, State, Zip, Country</i>	<i>Dates Attended (mm/yyyy)</i>

Please submit transcripts from each institution you've attended.

ACADEMICS

Have you earned an associate's degree? Yes No If yes, what major and institution? _____

Have you earned a bachelor's degree? Yes No If yes, what major and institution? _____

REFERRAL

How did you hear about William Penn University?

- Newspaper WPU Alumni _____ Internet: Website Facebook Twitter
 Television WPU Faculty/Staff _____ Friend _____
 Radio Co-worker/Teacher _____ Other _____
 Informational Mailing/Flyer Family member (include relationship) _____
 Previous WP student

REFERENCES & RECOMMENDATIONS

Provide the Graduate Program Recommendation Form to both references indicated below and have them return the completed form directly to William Penn University's Office of Admissions.

Reference 1

Name

Last _____ *First* _____

Work Place _____

Address _____
Number and Street

City _____ *State* _____ *Zip Code* _____

Position _____

Phone Work (_____) _____

E-mail _____

Reference 2

Name

Last _____ *First* _____

Work Place _____

Address _____
Number and Street

City _____ *State* _____ *Zip Code* _____

Position _____

Phone Work (_____) _____

E-mail _____

SIGNATURE

If I am accepted by William Penn University, I understand that I will be expected to abide by all university rules and regulations. I acknowledge my responsibility for all financial obligations I incur while a student at William Penn University. I certify that all information in this application is complete and accurate. I understand that failure to report accurate and complete information may result in denial of admission or dismissal from the university. I understand that this application for admission to William Penn University and supporting documents will become permanent documents in my personal file. I authorize William Penn University to use my name and photo for public relation purposes, including advertising, promotional, press releases, social media and video usage, as deemed appropriate.

Signature _____ Date _____

In accordance with the Clery Act, the university publishes an annual security report that contains statistics for the previous three years concerning reported crimes. A copy of the report is available by request and can be accessed at http://www.wmpenn.edu/Student_Life/Campus_Security/



WILLIAM PENN UNIVERSITY

RECOMMENDATION FORM

GRADUATE PROGRAM

RETURN TO:

WILLIAM PENN UNIVERSITY
 OFFICE OF ADMISSIONS
 201 TRUEBLOOD AVE
 OSKALOOSA, IA 52577
 ADMISSIONS@WMPENN.EDU
 641-673-2113 (FAX)

TO BE COMPLETED BY APPLICANT

Applicant Name _____
Last (Enter name *exactly* as it appears on official documents.) First Middle Jr., etc.

Report Requested of _____
Reference Name, Place of Work

Under the federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation. It is your option to waive your right to access these recommendations or to decline to do so. Please mark your decision below and sign.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's Signature _____ Date _____

TO BE COMPLETED BY RECOMMENDER

How long and in what capacity have you known the applicant?

Please indicate your overall endorsement of the applicant by marking the appropriate box below:

- Highly Recommend Recommend Recommend with Reservation Do Not Recommend

Rate the Applicant based on the following criteria comparing the Applicant to peers.

	Upper 5%	Upper 10%	Upper 25%	Middle 50%	Lower 25%	Not Able to Judge
Intellectual Ability						
Imagination and Creativity						
Ability to Work Independently						
Motivation and Perseverance						
Oral and Written Communication Skills						

Please provide an attached statement on letterhead evaluating the person named above on their potential to be successful in graduate studies.

Signed _____

Date _____

Position _____

Address _____
