INTERNATIONAL GRADUATE APPLICATION

Return to: Graduate Admission Office
Concordia University
1530 Concordia West
Irvine, CA 92612-3203
(949) 854-8002, ext. 1144 • (800) 229-1200
FAX: (949) 854-6894 • http://www.cui.edu

The following items must be submitted with this application form to seek admissions:
1. Essay
2. International Reference Form
3. TOEFL Score Report
4. SAT or ACT Score Report
5. Official Transcripts and Evaluations

Deadlines: Fall 2009 - June 1, 2009
Spring 2010 - October 1, 2009

Today’s date______________

Please type or print in ink.

Personal Information:
Applicant Name ___________________________________________ ___________________________________________

Family Name ___________________________________________ Given Name ____________________________________
Middle ____________________________ Maiden ____________________________

Birthdate ___________________________ Gender ___________________________ Status ____________________________
Month/Date/Year Male/Female Married/Single

Email ___________________________________________

Application Section:
Semester planning to enroll at Concordia
Fall 20______ Spring 20______ Summer 20______

Previously Applied □ Yes □ No

Previously Applied Date __________________________

Month/Date/Year

Previously Attended □ Yes □ No

Previous Attended Date __________________________

Month/Date/Year

Why did you choose Concordia University? ____________________________

How did you first hear about Concordia University? ____________________________

International Contact Information Section:
Permanent Street Line 1 ___________________________________________

Permanent Street Line 2 ___________________________________________

Permanent City ___________________________ Permanent State/Province ___________________________

Permanent Country ___________________________________________

Country Code ___________________________ Area Code ___________ Phone Number ___________________________

Country Code ___________________________ Area Code ___________ Fax Number ___________________________

Country Code ___________________________ Area Code ___________ Other Number ___________________________
Domestic Contact Information Section:

Permanent Street Line 1 __________________________________________
Permanent Street Line 2 __________________________________________
Permanent City __________________________ Permanent State/Province __________________________
Permanent Country ______________________________________________
Country Code ______________________ Area Code __________ Phone Number __________________________
Country Code ______________________ Area Code __________ Fax Number __________________________
Country Code ______________________ Area Code __________ Other Number __________________________

International Section:

Country of Citizenship __________________________________________
Place of Birth: City________________________ County________________________
Native Language __________________________________________________

If you wish to identify an ethnic group, please do so here: __________________________________________

Visa ______________________ Visa Number __________________________
Visa Issue Date ____________ Visa Expiration Date ____________

___________________________ __________________________
Month/Date/Year Month/Date/Year

Passport Expiration Date ____________ SEVIS Tracking Number ____________

Month/Date/Year

Personal Background:

Have you ever been convicted, pled guilty or no contest to a crime other than a summary traffic offense? □ Yes □ No
If Yes, describe in full detail __________________________________________

Are there any criminal charges presently pending against you other than a summary traffic offense? □ Yes □ No
If Yes, describe in full detail __________________________________________

Have you ever been academically dismissed? □ Yes □ No
If Yes, describe in full detail __________________________________________

_________________________________________ Pastoral Name __________________________
Religious Affiliation________________________________________
Congregation Name __________________________________________

Guardian 1 Section:

Relationship __________________________________________
Name Title __________________________________________
Guardian Name __________________________________________

<table>
<thead>
<tr>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td>______</td>
<td>______</td>
<td>______</td>
<td>______</td>
</tr>
</tbody>
</table>

Permanent Street Line 1 __________________________________________
Permanent Street Line 2 __________________________________________
Permanent City __________________________ Permanent State/Province __________________________
Permanent Country ______________________________________________
Country Code ______________________ Area Code __________ Phone Number __________________________

Email __________________________________________
Employer __________________________________________ Title/Position __________________________________________
High School Information Section:

High School Name ________________________________
High School Street Line 1 ________________________________
High School Street Line 2 ________________________________
High School City ____________________________ High School State/Province ________________________________
High School Country ________________________________
High School GPA ____________________________ High School Graduation Date ________________________________

College 1 Section:

College Name ________________________________
College Street Line 1 ________________________________
College Street Line 2 ________________________________
College City ____________________________ College State/Province ________________________________
College Country ________________________________
Start Date ____________________________ End Date ____________________________
Month/Date/Year Month/Date/Year

Units completed at time of application __________ Degree or Certificate Earned ________________________________

College 2 Section:

College Name ________________________________
College Street Line 1 ________________________________
College Street Line 2 ________________________________
College City ____________________________ College State/Province ________________________________
College Country ________________________________
Start Date ____________________________ End Date ____________________________
Month/Date/Year Month/Date/Year

Units completed at time of application __________ Degree or Certificate Earned ________________________________

College 3 Section:

College Name ________________________________
College Street Line 1 ________________________________
College Street Line 2 ________________________________
College City ____________________________ College State/Province ________________________________
College Country ________________________________
Start Date ____________________________ End Date ____________________________
Month/Date/Year Month/Date/Year

Units completed at time of application __________ Degree or Certificate Earned ________________________________

Test Section:

GMAT Test Date ____________________________ TOEFL Test Date ____________________________
Month/Date/Year Month/Date/Year

GMAT Test Score ____________________________ TOEFL Score ____________________________
Program Section:
Intended Program
- MCAA (Coaching)
- MBA (Business)
- MAIS (International Studies)
- ABSN (Accelerated Nursing)
- Theology
- MAED (Education)
- C&I (Curriculum and Instruction)
- Teaching Credential

Cohort

Activity 1 Section:
Activity ____________________________________________
Grades Participated 9 10 11 12
Leadership Position __________________________________
Are you planning to participate in college? Yes No

Activity 2 Section:
Activity ____________________________________________
Grades Participated 9 10 11 12
Leadership Position __________________________________
Are you planning to participate in college? Yes No

Activity 3 Section:
Activity ____________________________________________
Grades Participated 9 10 11 12
Leadership Position __________________________________
Are you planning to participate in college? Yes No

A Concordia University student respects the Word of God and the religious principles and practices of the university. Responsible behavior of all individuals, at all times, includes integrity, self-respect and willingness to support and direct fellow students whose actions seem harmful to themselves or the college community. Concordia University students are expected to be of high character, of good reputation and of earnest intent to follow Christ and do the will of God in their daily living.

I certify that all statements in this application are correct and complete and, if I am accepted, I agree to comply with the principles and practices of Concordia University.

Applicant’s Signature __________________________ Date _______________

Parent/Guardian Signature (if under 18) __________________________ Date _______________
Please complete one of the following essay questions as part of your application.

1. Describe the most challenging obstacle you have had to overcome; discuss its impact, and tell what you have learned from the experience.

2. What does a “Wise, Honorable, Cultivated Citizens” mean to you and how would you apply it during your studies at Concordia University-Irvine?
To the Applicant
Complete the top portion of this form and give it to a high school or college counselor or teacher. Please indicate in each case whether you waive your right to see this form after it is completed. A waiver of such rights is not a condition for admission to Concordia University.

Please print or type
What semester do you plan to enroll at Concordia?  Fall 20____  Spring 20____  Summer 20____
Applicant’s Name ____________________________________________  ____________________________________________
Family Name  Given Name  Middle  Maiden

This is to certify that I  □ I do waive the right of access to this confidential recommendation.
□ I do not
Student Signature ____________________________________________  Date __________________________

To be completed by evaluator:
We ask that you rate the applicant as honestly and objectively as you can to help us determine how best to aid him/her. Check the ratings which indicate your best judgment. Please indicate any items about which you have no basis for judgment. Additional remarks for a fuller explanation of your rating will be very helpful for us.

How well do you know the applicant?  □ Very Well  □ Well  □ Casually

Please Check One:

Vocational Planning  Vocational Goals  Scholastic Aptitude  Initiative
□ Has considered several occupational choices  □ Has decided definitely  □ Very superior  □ Very often takes the initiative
□ Has considered one occupational choice  □ Has almost reached definite decision  □ Alert (Above Average)  □ Sometimes take the initiative
□ Has done some planning  □ Still contemplating  □ Average  □ Usually needs to be told what to do
□ Has done little planning  □ No goals at the present  □ Below Average  □ Seems to need constant pressure
□ No basis  □ No basis  □ Very limited  □ No basis
Comments  Comments  Comments
Comments

Industry  Judgment  Sense of responsibility  Academic Achievement
□ Hard worker  □ Discerning  □ Excellent  □ Very superior
□ Active  □ Good common sense  □ Usually accepts  □ Above average
□ Moderate  □ Average  □ Must be prodded  □ Average
□ Works enough to pass  □ Frequently poor sense of values  □ Avoids when possible irresponsible  □ Below average
□ Often seems lazy  □ No basis  □ No basis  □ Poor
□ No basis  □ Comments
□ Comments
□ Comments
□ Comments
### Home Background
- Outstanding positive influence
- Some positive influence
- Allowed to shift for self
- Somewhat negative influence
- No basis

### Emotional Stability
- Exceptionally stable
- Well-balanced
- Irresponsible
- High strung but controlled
- Excitable – easily upset
- No Basis

### Cooperation
- Works well with others
- Works well under others
- Cooperative under pressure
- Often not cooperative
- No basis
- Comments

### Leadership
- Inspiring leader
- Usually successful
- Can lead but not eager to lead
- Little or no experience
- No basis
- Comments

### Religious Convictions
- Very solid
- Reasonably definite
- Still searching
- Somewhat limited
- No basis

### Sociability
- Makes friends easily
- Self-centered
- Likes time for self, but can mix with others
- Shy
- Withdrawn
- No basis
- Comments

### Sociability
- Makes friends easily
- Self-centered
- Likes time for self, but can mix with others
- Shy
- Withdrawn
- No basis
- Comments

### Comments

Name ___________________________ Date __________________

Employed by __________________________________________

Position ______________________________________________

Address ______________________________________________

City ___________________________ State/Country ________

Postal Code ___________________________ Phone (___) ______

### Recommendations:
- Recommended without reservation
- Recommended with reservation
- I prefer not to provide a written evaluation. Please phone me for my comments.

Please list comments, achievements, recommendations, reservations, or additional information on applicant. (Please type or print)

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Evaluator’s Signature ___________________________ Date __________________