INTERNATIONAL APPLICATION FOR

Master of Arts in Coaching and Athletic Administration

For information on Undergraduate, Credential, or Colloquy,
please contact the Admission Office for the appropriate application.

UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.

1530 Concordia West, Irvine, CA 92612-3203
Attn: MCAA Admissions

Admission Counselors:
Amanda Barrett | Phone: (949) 214-3025
Andrea Nanas | Phone: (949) 214-3575
Travis Roberts | Phone: (949) 214-3254
E-mail: gradadmissions@cui.edu
WWW.CUI.EDU/MCAA

Please send application form and requested items to:
Attn: MCAA Admissions
Concordia University
1530 Concordia West
Irvine, CA 92612-3203
or
gradadmissions@cui.edu

To ***complete your admission file*** *we will need:*
1. Completed Application
2. Application fee of $150 (USD)
3. Official Transcripts and Evaluations. See admissions counselor for details.
5. TOEFL required if from a non-English speaking country.

Application For:
____ MCAA ____ MSCE ____ MA to MS ____ MS to MA

*Please **PRINT** or type.*

Applicant's name _____
Family Name *First Name* *Middle Names* *Given Name*

Semester you plan to enroll at Concordia: ❑ Fall 20____ ❑ Summer 20____ ❑ Spring 20____ ❑ Winter 20____

US ADDRESS *(if available)*

Street _____City _____State _____ Zip_____

NATIVE COUNTRY ADDRESS

Street _____

City _____ Permant/Province _____ Postal Code_____

Facebook Email: _____ Twitter Username: _____

Cell phone: ( ) _____-_____

E-mail address: _____

List only **active address** that you check frequently. This **e-mail address will be used for electronic communication** between the university and you.

PERSONAL BACKGROUND

Date of birth_____/_____/_____ Place of Birth _____
Month *Day* *Year* *City* *State* *Country*

Gender*:* ❑ Male ❑ Female Country of Citizenship: _____

Native Language: _____

Have you been found guilty, been adjudicated guilty, or otherwise been convicted of a crime in any court? (excluding minor traffic violations)

❑ Yes ❑ No If you answered yes to either question above, please attach a full description including date(s) and disposition of case.

Where do you currently work? _____

PREVIOUS EDUCATION

1. College/University Name _____ City _____State _____

Dates attended_____ Units completed at the time of application _____

Degree and Date Received_____ Cumulative GPA (based on a 4.0 scale) _____

2. College/University Name _____ City _____ State _____

Dates attended_____ Units completed at the time of application _____

Degree and Date Received_____ Cumulative GPA (based on a 4.0 scale) _____

(List additional schools attended on a separate sheet.)

TOEFL Test Date: _____ TOEFL Test Score: _____ (Write N/A if you have not taken the TOEFL.)

RELIGIOUS AFFILIATION

❑ Lutheran Church – Missouri Synod ❑ Baptist ❑ Evangelical Lutheran Church of America ❑ Catholic
❑ Non-Denominational Christian ❑ Methodist ❑ Presbyterian ❑ None ❑ Other

Congregation name _____ Pastor's name _____

Congregation address _____

City _____ State _____ Zip _____ Phone ( ) _____

RACE/ETHNICITY

Do you consider yourself to be Hispanic/Latino? ❑ Yes ❑ No

In addition, please select one or more of the following racial categories to describe yourself:

❑ American Indian or Alaskan Native ❑ Vietnamese ❑ Mexican ❑ Filipino
❑ White or Caucasian ❑ Japanese ❑ Cuban ❑ Other Asian
❑ Black or African American ❑ Korean ❑ Puerto Rican ❑ Other Hispanic or Latino
❑ Native Hawaiian or Pacific Islander ❑ Chinese ❑ Asian Indian ❑ South or Central American

VISA INFORMATION

Only to be filled out if you wish to attend class on campus. Online students should leave Visa Information blank.

Are you currently in the U.S.? ❑ No ❑ Yes; Visa Status: ❑ F1 ❑ H1 ❑ L1 ❑ Other _____

Visa Issue Date _____ *(mm/dd/yyyy)* Visa Expiration Date _____ *(mm/dd/yyyy)*

Passport Expiration Date _____ *(mm/dd/yyyy)* SEVIS Tracking Number N_____

Are you transferring from a school in the U.S.A? ❑ No ❑ Yes; Please complete section below.
If you are a transfer student, will you be leaving the U.S.A. before starting your program? ❑ No ❑ Yes; Departure date: _____ *(mm/dd/yyyy)*

If transferring from another school in the U.S.A., you are required to provide a copy of the following documents:

1. All the I-20's from the schools you have attended
2. Your passport photo page
3. The front and back of your I-94 form
4. Your visa.
5. Your transfer form

DEPENDENTS' INFORMATION (for F-2 Visa)

Do you intend to bring your spouse or children with you? ❑ No ❑ Yes; Please complete the section below and submit a photocopy of each passport.

Dependent #1

Family name: _____ First Name: _____
Middle Name(s): _____
❑ Male ❑ Female Date of Birth *(month/day/year)*: _____ Country of Birth _____
Relationship to you: _____

Dependent #2

Family name: _____ First Name: _____
Middle Name(s): _____
❑ Male ❑ Female Date of Birth *(month/day/year)*: _____ Country of Birth _____
Relationship to you: _____

Dependent #3

Family name: _____ First Name: _____
Middle Name(s): _____
❑ Male ❑ Female Date of Birth *(month/day/year)*: _____ Country of Birth _____
Relationship to you: _____

(List additional dependents on a separate sheet.)

NONDISCRIMINATION POLICY

Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

CERTIFICATION

I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

Applicant's signature *Date*

CONCORDIA
UNIVERSITY IRVINE