



GEORGE FOX
UNIVERSITY

Application for Admission

*School of Professional Studies
Degree-Completion Programs*

*George Fox University
Office of Graduate and
Professional Studies Admissions*

Portland Center

12753 S.W. 68th Ave.
Portland, OR 97223
503-554-6165 • 888-888-0178
FAX 503-554-6111
sps@georgefox.edu

•

Boise Center

1810 S. Eagle Road
Meridian, ID 83642
208-375-3900 • 800-749-4369
FAX 208-375-3564
spsboise@georgefox.edu

•

sps.georgefox.edu

ADMISSION INFORMATION

School of Professional Studies

Application for Admission to Major

To apply to the cohort-based major in the School of Professional Studies you will need:

1. Seventy-eight (78) or more applicable semester hours of credit.
2. A George Fox GPA of 2.25 or more (*for students enrolled in previous GFU classes*).
3. Demonstrated computer proficiency (*MBIS majors only*).

The following documents and materials must accompany your Application for Admission to Major:

1. Application for General Admission along with accompanying documents (*if not previously submitted*).
2. Two recommendations (*one academic or personal, and one professional*).
3. A written essay that demonstrates competency needed for success in the program. (*Students who have successfully completed prerequisite class MGOL 285 Personal and Professional Assessment do not need to complete a writing sample.*)
4. A proposed plan to finish any remaining general education or elective credits.

Application and materials must be received no later than four weeks prior to start of cohort classes.

Application for General Admission

To apply to the School of Professional Studies as a degree-seeking student and enroll in general education or elective classes, you will need:

1. Thirty one (31) or more transferable semester hours from accredited colleges or universities, or approved military education
2. A minimum of five years post high school experience
3. A cumulative GPA of 2.0 or more

The following documents and materials must accompany your General Admission application:

1. Official transcripts from all previously attended colleges and universities
2. \$40 application fee
3. Professional resume documenting a minimum of five years work experience or equivalent

Application and materials must be received no later than two weeks prior to start of classes.

Notes:

1. *George Fox University reserves the right to select students on the basis of academic performance and professional qualifications. George Fox University does not discriminate in its educational programs or activities, including employment, on the basis of age, sex, handicap/disability, race, color, national or ethnic origin, or other statuses protected by applicable nondiscrimination laws.*
2. *All questions must be answered, with the exception of those marked "optional." See catalog for full information regarding entrance requirements.*
3. *An interview may be required of applicants as part of the admission process.*
4. *Application materials become the property of George Fox University and are not returned or transferred to another institution.*

Colleges Attended:

Please list, in chronological order, all colleges and postsecondary institutions attended. *(It is your responsibility to see that an official transcript is sent directly to us by every school you have attended since high school. Failure to do this will result in a hold on future registrations.)*

Name of College	Dates Enrolled	Hours Earned

Have you ever been placed on academic probation or suspension? Yes No *(If yes, please attach explanation)*

Please attach a resume documenting five years of work experience or equivalent.

George Fox University is a Christian liberal arts university committed to intellectual and academic excellence. During the times you are a student on the George Fox campus or involved in a George Fox project off campus, you are expected to comply with and respect the spirit and intention of the George Fox University community as described in the catalog. Your completion of this application and your signature below indicate your willingness to cooperate and comply with the purpose and expectations of the university. I authorize investigation of all information provided during the application process. I release from all liability or responsibility George Fox University, its agents, and all people, companies, or corporations providing information to the university about me. I also understand that my admission to the university does not guarantee my admission to the major program and that I must make separate application to such program.

SIGNATURE

DATE

Please return this application and related materials to:

Oregon Students
School of Professional Studies
Office of Graduate and Professional Studies Admissions
George Fox University
12753 S.W. 68th Ave.
Portland, OR 97223
503-554-6165 • 888-888-0178
FAX 503-554-6111

Idaho Students
School of Professional Studies
Office of Graduate and Professional Studies Admissions
George Fox University
1810 S. Eagle Road
Meridian, ID 83642
208-375-3900 • 800-749-4369
FAX 208-375-3564

Writing Essay

Please read carefully the following instructions for essay completion.

Students at George Fox University do a considerable amount of writing that must be completed in accordance with university standards. This essay will enable us to determine if you have the writing skills necessary for admission to the degree-completion program. Our goal is to maximize your potential for successful completion of a college degree.

In your own words, write a one- to two-page essay (typed, double-spaced) describing a challenging situation you have faced at work or home. State the situation fully, using specific details. Explain how you attempted to handle the situation and whether or not you believed you were successful.

Organize your material for the clearest explanation possible. Write in correct English, using complete sentences and fully developed paragraphs. Pay attention to punctuation and spelling. Please do not use cliches, slang, or abbreviated spellings, such as “thru” for “through” or “&” for “and.” Be sure to spend time planning what you will write and proofreading what you have written. A dictionary or any English handbook of proper usage may be used.

Please contact your admissions counselor if you have questions about this requirement.

MBIS Major Proficiency Exam

Students who wish to pursue an MBIS major must demonstrate computer proficiency before being admitted into any MBIS cohort. This proficiency may be documented in one of the following ways.

1. Three years of experience within the information technology field. The experience may be documented with either a resume showing three years of IT experience or with a letter from a supervisor or client that addresses the IT experience area.
2. Take the TekXam General Computing knowledge entrance exam and earn a score equivalent to 70 percent. The exam is a free 30-minute timed exam that is taken online; scores will be given to students at the end of the exam and reported directly to the School of Professional Studies. Students should contact the School of Professional Studies office (503-554-6180) for the entry website and necessary username and password. Study information for the exam and a sample test are available at teksam.com. Students may take the TekXam exam only one (1) time.
3. Take MBIS 285 Introduction to Information Technology or an approved equivalency course and receive a passing grade of C.

GEORGE FOX UNIVERSITY

Professional Reference Form

School of Professional Studies

This form is to be filled out by an individual who can attest to your professional work. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name (please print) _____

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form.

SIGNATURE

DATE

I do not waive my right to examine this form. I authorize the person completing this form to provide a candid evaluation.

SIGNATURE

DATE

Section B: To be completed by reference

1. How long have you known the applicant? How well? In what capacity?
2. What evidence have you observed of the applicant's leadership skills and abilities?
3. Do you believe this individual has an inquiring mind?
4. Has the applicant demonstrated skill in interpersonal communication? What is the person's influence on others?
5. Describe the applicant's capability to initiate a task and bring the task to completion.

6. How do you evaluate this person's character, ethics, and/or relationships, given your perception of requirements for a professional?

7. As an aid to our evaluation of the applicant, we would appreciate any additional information you can provide regarding specific strengths and weaknesses of the applicant.

8. Please indicate your rating of this person on the following:

EMOTIONAL/PERSONALITY RATINGS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	TRULY OUTSTANDING	UNABLE TO JUDGE
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative, innovative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for objective self evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness and tolerance of difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to receive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to produce effective solutions to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to fit within an academic environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In consideration of the applicant's suitability for study and overall potential for success in an academic program, please check one of the following: I recommend I recommend with reservation I do not recommend

Name (please print) _____
FIRST MIDDLE LAST

Address _____
CITY STATE ZIP

Daytime phone _____ Position Title _____

 SIGNATURE

 DATE

Please return this reference form to:

Oregon Students
 School of Professional Studies
 Office of Graduate and Professional Studies Admissions
 George Fox University
 12753 S.W. 68th Ave.
 Portland, OR 97223
 503-554-6165 • 888-888-0178
 Fax 503-554-6111

Idaho Students
 School of Professional Studies
 Office of Graduate and Professional Studies Admissions
 George Fox University
 1810 S. Eagle Road
 Meridian, ID 83642
 208-375-3900 • 800-749-4369
 Fax 208-375-3564

GEORGE FOX UNIVERSITY

Academic or Personal Reference Form

School of Professional Studies

This form is to be filled out by an individual who can attest to your academic abilities and/or general character. It should not be completed by a member of your immediate family.

Section A: To be completed by applicant

Applicant's name (please print) _____

Under the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment), which gives students the right to inspect and review their educational records, students may waive their right to see specific confidential letters or recommendations. In the belief that applicants and the people from whom they request evaluations may wish to preserve the confidentiality of those evaluations, we are giving you an opportunity to sign one of the following statements:

I waive my right to examine this form.

SIGNATURE

DATE

I do not waive my right to examine this form. I authorize the person completing this form to provide a candid evaluation.

SIGNATURE

DATE

Section B: To be completed by reference

1. How long have you known the applicant? How well? In what capacity?
2. What evidence have you observed of the applicant's leadership skills and abilities?
3. Do you believe this individual has an inquiring mind?
4. Has the applicant demonstrated skill in interpersonal communication? What is the person's influence on others?
5. Describe the applicant's capability to initiate a task and bring the task to completion.

6. How do you evaluate this person's character, ethics, and/or relationships, given your perception of requirements for a professional?

7. As an aid to our evaluation of the applicant, we would appreciate any additional information you can provide regarding specific strengths and weaknesses of the applicant.

8. Please indicate your rating of this person on the following:

EMOTIONAL/PERSONALITY RATINGS	BELOW AVERAGE	AVERAGE	ABOVE AVERAGE	TRULY OUTSTANDING	UNABLE TO JUDGE
Academic ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creative, innovative thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for objective self evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Open-mindedness and tolerance of difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity for independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment to education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capacity to receive feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to analyze problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to produce effective solutions to problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to fit within an academic environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In consideration of the applicant's suitability for study and overall potential for success in an academic program, please check one of the following: I recommend I recommend with reservation I do not recommend

Name (please print) _____
FIRST MIDDLE LAST

Address _____
CITY STATE ZIP

Daytime phone _____ Position Title _____

 SIGNATURE

 DATE

Please return this reference form to:

Oregon Students
 School of Professional Studies
 Office of Graduate and Professional Studies Admissions
 George Fox University
 12753 S.W. 68th Ave.
 Portland, OR 97223
 503-554-6165 • 888-888-0178
 FAX 503-554-6111

Idaho Students
 School of Professional Studies
 Office of Graduate and Professional Studies Admissions
 George Fox University
 1810 S. Eagle Road
 Meridian, ID 83642
 208-375-3900 • 800-749-4369
 FAX 208-375-3564

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Name _____
LAST FIRST MIDDLE

Name used when attending the institution listed above:

LAST FIRST MIDDLE

Social Security or ID number _____ Date of birth _____

Number of copies requested: For institution below _____ For student _____

Dates attended: From _____ To _____

Mail transcripts to: School of Professional Studies, Office of Admissions, George Fox University
Oregon Students: Portland Center, 12753 SW 68th Ave., Portland, OR 97223
Idaho Students: Boise Center, 1810 S. Eagle Road, Meridian, ID 83642

Student address _____

A check for \$ _____ is attached to cover transcript fees. _____
STUDENT SIGNATURE

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Name _____
LAST FIRST MIDDLE

Name used when attending the institution listed above:

LAST FIRST MIDDLE

Social Security or ID number _____ Date of birth _____

Number of copies requested: For institution below _____ For student _____

Dates attended: From _____ To _____

Mail transcripts to: School of Professional Studies, Office of Admissions, George Fox University
Oregon Students: Portland Center, 12753 SW 68th Ave., Portland, OR 97223
Idaho Students: Boise Center, 1810 S. Eagle Road, Meridian, ID 83642

Student address _____

A check for \$ _____ is attached to cover transcript fees. _____
STUDENT SIGNATURE

REQUEST FOR OFFICIAL TRANSCRIPT

Institution _____

Name _____
LAST FIRST MIDDLE

Name used when attending the institution listed above:

LAST FIRST MIDDLE

Social Security or ID number _____ Date of birth _____

Number of copies requested: For institution below _____ For student _____

Dates attended: From _____ To _____

Mail transcripts to: School of Professional Studies, Office of Admissions, George Fox University
Oregon Students: Portland Center, 12753 SW 68th Ave., Portland, OR 97223
Idaho Students: Boise Center, 1810 S. Eagle Road, Meridian, ID 83642

Student address _____

A check for \$ _____ is attached to cover transcript fees. _____
STUDENT SIGNATURE



GEORGE FOX
UNIVERSITY

*a matter of mind
and spirit*