



GEORGE FOX  
UNIVERSITY

# Application for Admission

*School of Professional Studies  
Adult Degree 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](mailto:sps@georgefox.edu)

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**Boise Center**

1810 S. Eagle Road  
Meridian, ID 83642  
208-375-3900 • 800-749-4369  
FAX 208-375-3564  
[spsboise@georgefox.edu](mailto:spsboise@georgefox.edu)

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[sps.georgefox.edu](http://sps.georgefox.edu)

# ADMISSION INFORMATION

*School of Professional Studies*

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## Application for Admission

*To apply to the School of Professional Studies as a degree-seeking student, 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 full-time work 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. Resumé 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.**

## Writing Essay\* (to be completed upon application to the major)

**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 enrollment counselor if you have questions about this requirement.

*\*This requirement is waived for students who have received a satisfactory grade in MGOL 260 Personal and Professional Assessment.*

### 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.*

# Application to George Fox University

## School of Professional Studies

**Please indicate which major program you wish to pursue:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Management and Organizational Leadership    | <input type="checkbox"/> Health Administration         | <input type="checkbox"/> Elementary Education |
| <input type="checkbox"/> Management and Business Information Systems | <input type="checkbox"/> Social and Behavioral Studies | <input type="checkbox"/> Project Management   |
| <input type="checkbox"/> Undecided                                   |  |   |

**Please indicate which location you would like to attend:**

- Portland    Salem    Boise    Clackamas    Other \_\_\_\_\_

**Expected semester of enrollment:**    Fall (*Aug.–Dec.*)    Spring (*Jan.–April*)    Summer (*May–July*)

Full name \_\_\_\_\_  
FIRST MIDDLE LAST

Preferred name \_\_\_\_\_ Other names used \_\_\_\_\_

Mailing address \_\_\_\_\_  
CITY STATE ZIP

E-mail address \_\_\_\_\_ Cell phone \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Country of citizenship \_\_\_\_\_ Are you a U.S. resident?  Yes  No

Have you ever been convicted of a felony?  Yes  No (*If yes, please attach explanation*)

**Optional Information** (*used only for reporting purposes*)

Social Security Number\* (*required if applying for financial aid*) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Birthplace \_\_\_\_\_  Male  Female

Marital status:  Married  Single   Are you a veteran?  Yes  No

**Ethnic Origin:**

- |   |   |  |                                      |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Asian-American   | <input type="checkbox"/> Caucasian       | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Native American  | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Hispanic/Latino |                                      |

Religious affiliation: \_\_\_\_\_ Name of church: \_\_\_\_\_

Current Employer: \_\_\_\_\_

*\* If you provide your Social Security number, George Fox University uses it for keeping records, doing research, and reporting. The university does not use your number to make any decision directly affecting you or any other person. Your Social Security number is not given out to the general public. If you choose not to provide your Social Security number, you are not denied any rights as a student. Providing your Social Security number means that you consent to the use of the number in the manner described.*

**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 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

# GEORGE FOX UNIVERSITY

## Professional Reference Form

*School of Professional Studies*

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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 upon application to the major

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:**

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 Fax 208-375-3564

# GEORGE FOX UNIVERSITY

## Academic or Personal Reference Form

*School of Professional Studies*

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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 upon application to the major

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 \_\_\_\_\_

\_\_\_\_\_  
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 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 S.W. 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

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## 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 \_\_\_\_\_

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

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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 \_\_\_\_\_

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Student address \_\_\_\_\_

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



GEORGE FOX  
UNIVERSITY

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*a matter of mind  
and spirit*