



GEORGE FOX
SCHOOL OF BUSINESS

Application for Admission

Doctor of Business Administration

*George Fox University
Office of Admissions*

*414 N. Meridian St., #6189
Newberg, OR 97132
503-554-2223 • 800-631-0921
FAX 503-554-3880
business@georgefox.edu*

GEORGE FOX UNIVERSITY

Doctor of Business Administration

Application Procedure

The following must be furnished by the applicant:

1. Completed and signed application form
2. \$100 nonrefundable application fee
3. Résumé (*You may send a hard copy or send it electronically to business@georgefox.edu*)
4. Applicant's mission statement (*You may send a hard copy or send it electronically to business@georgefox.edu*); not to exceed three pages
5. Three references — two professional and one personal reference required (*electronic forms available*)
6. One official transcript from each college or university attended (*request forms included, or you may call the institution to request your transcripts*)
7. A sample of academic writing completed during prior graduate course work
8. GRE or GMAT test results within the past 10 years

Return all application materials to:

Office of Admissions
George Fox University
Newberg Campus
414 N. Meridian St., #6189
Newberg, OR 97132
503-554-2223 • 800-631-0921
FAX: 503-554-3880
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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 is 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 for Admission

School of Business

Please indicate your Doctor of Business Administration concentration choice

Management concentration

Marketing Concentration

I. Personal Information

Legal Name _____
FIRST MIDDLE LAST

Preferred name _____

Other names used (including maiden name, if married) _____

Present mailing address _____

E-mail address _____

Telephone Home ___S_____ Work ___S_____

Cell ___S_____

Permanent address _____

Country of Citizenship (if dual, provide both) _____ Are you a US Resident? _____

cdhcbU =bzfa Ujcb

Social Security number, or Personal Government Issued Tax ID number* (*required for tax reporting and financial aid/student loan eligibility*) _____

Date of birth _____ Birthplace _____ Male Female

Marital status: Single Married

Colleges and universities are asked by many, including the federal government, accrediting associations, college guides, newspapers, and our own college/university communities, to describe the racial/ethnic backgrounds of our students and employees. In order to respond to these requests, we ask you to answer the following two questions:

Do you consider yourself to be Hispanic or Latino? Yes No

In addition, select one or more of these racial categories to describe yourself:

Black/African American Asian White America Indian/Alaska Native Native Hawaiian/Pacific Islander

** 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 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.*

II. Applicant Information

Expected date of enrollment _____

Please list the names of other schools where you may be applying (*optional*)

We would appreciate knowing how you became acquainted with George Fox University. Please be as specific as possible.

Have you ever been convicted of a ~~Zybm~~ Yes No If yes, please explain. Use an extra page if needed.

III. Work Experience

Employment history (*give appropriate dates and submit a résumé*)

1. Job title _____ Employer _____

City _____ State _____

Dates _____ to _____ Supervisor's name _____ Telephone _____

2. Job title _____ Employer _____

City _____ State _____

Dates _____ to _____ Supervisor's name _____ Telephone _____

3. Job title _____ Employer _____

City _____ State _____

Dates _____ to _____ Supervisor's name _____ Telephone _____

Other experience (*e.g., boards, service clubs, volunteer positions, etc. Be as specific as possible*)

IV. Education

Please list, in chronological order, all colleges and postsecondary institutions attended. (It is your responsibility to see that one official transcript is sent directly to us by every college or university you have attended.)

_____ Dates _____ to _____ Major _____ Degree _____

_____ Dates _____ to _____ Major _____ Degree _____

_____ Dates _____ to _____ Major _____ Degree _____

_____ Dates _____ to _____ Major _____ Degree _____

V. References

Two professional references and one personal reference required.

Name _____

Phone _____ E-mail address _____

Name _____

Phone _____ E-mail address _____

Name _____

Phone _____ E-mail address _____

VI. Financial

Do you expect to file an application for financial aid? Yes No

Are you a veteran? Yes No

VII. Applicant's Personal Mission Statement

Compose a personal mission statement that outlines how earning a Doctor of Business Administration degree from George Fox University will help you fulfill this vision. Identify your personal mission and goals, the strengths and experiences you bring to the program, how the degree will help your objectives, and why you are considering the degree at this time in your life (*not to exceed three pages*).

VIII. Educational and Social Philosophy

George Fox University is a Christian university of the arts, sciences, and professional studies 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 (see 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. References provided may give George Fox University any and all information requested, as well as any pertinent information they may have, personal or otherwise. References may be contacted by phone. 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.

SIGNATURE

DATE

GEORGE FOX UNIVERSITY

Professional Reference Form

Doctor of Business Administration

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:

1. I waive my right to examine this form.

SIGNATURE

DATE

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

SIGNATURE

DATE

Section B: To be completed by reference (*Use an extra page if needed.*)

1. How long have you known the applicant? How well? In what capacity?

2. Is a doctoral degree appropriate at this time in the applicant's career? Why or why not?

3. Evaluate the applicant's potential as a doctoral student.

4. Has the applicant demonstrated skill as a manager or educator?

5. How do you evaluate this person's character and ethics, given your perception of requirements for a leader or educator in the field of business?

6. Evaluate the applicant's present situation. Is the applicant demonstrating the aptitude and initiative necessary for doctoral study?

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

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 highly recommend I recommend I recommend with reservation I do not recommend

NAME (please print or type)

SIGNATURE

DATE

ADDRESS

DAYTIME TELEPHONE

POSITION

ORGANIZATION

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Thank you for your assistance.

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Newberg, OR 97132

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: Office of Admissions, Newberg Campus • George Fox University • 414 N. Meridian St., #6189 • Newberg, OR 97132

Student address _____

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

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