

Graduate School Application for Admission

Personal Information (Give your full legal name. If you enter this University, you are to register by this name and no other, unless your name is changed legally.)

Title <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. Other (specify)					
Last Name		First Name		Middle Name	Other Name(s)
Current Street Address		Apt. #	City	State/Province	Zip/Postal Code Country
Permanent Address (if different)		Apt. #	City	State/Province	Zip/Postal Code Country
Home Phone ()		Business or Cell Phone ()		Date of Birth [] Month [] Day [] Year	
Place of birth (state/province & country)		Citizen of <input type="checkbox"/> U.S. <input type="checkbox"/> Other:		Email Address	
Have you been dismissed from a college for academic or disciplinary reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No				Visa/Resident Alien Classification:	Social Security Number
Have you previously applied to Creighton University? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please specify which program:				Have you ever been convicted of a felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you expect to be employed while attending the Graduate School? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give the name of your employer: _____					
Your job title: _____					
Does your employer provide tuition benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No					

Program Information (Please check the degree program for which you are applying.)

<input type="checkbox"/> Negotiation & Dispute Resolution (M.S., Cert.) <input type="checkbox"/> Organizational/Transactional Negotiation and Dispute Resolution <input type="checkbox"/> International Negotiation and Conflict Resolution <input type="checkbox"/> Healthcare Collaboration and Conflict Resolution <input type="checkbox"/> Educational Collaboration and Conflict Resolution <input type="checkbox"/> Security Analysis and Portfolio Management (M.S.A.P.M.)
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Education History (Please list all institutions of higher education that you have attended starting with most recent. Include all schools regardless of whether a degree was earned. Attach an additional sheet, if necessary.)

Colleges & Professional or Graduate Schools	Location	Degree & Major	Dates Attended From / To

University Relationship

Please list any family members who attended or graduated from Creighton University			
Name	Relationship	Dates Attended	Degree

Source

How did you first learn about our graduate program?	<input type="checkbox"/> Internet Search engine _____
<input type="checkbox"/> Creighton University website	<input type="checkbox"/> Newspaper Ad _____
<input type="checkbox"/> Creighton University Alumnus/employee _____	<input type="checkbox"/> Radio Ad _____
<input type="checkbox"/> Career Fair _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Family member _____	
<input type="checkbox"/> Friend / co-worker _____	
<input type="checkbox"/> Information session	

Optional Information *(will be used for statistical purposes only)*

Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Emergency Contact Name / Relationship _____	Daytime Phone Number ()
Ethnic/Racial Origin:		
<input type="checkbox"/> African American/Black	<input type="checkbox"/> Caucasian/White	<input type="checkbox"/> Native American/Alaskan
<input type="checkbox"/> Asian American/Pacific Islander	<input type="checkbox"/> Hispanic American	<input type="checkbox"/> Native Alien
		<input type="checkbox"/> Non-resident <input type="checkbox"/> Choose Not To Respond
		Other: _____

Submit **Graduate School application** materials to:

Creighton University Online Admissions Processing Center
745 McClintock Drive, Suite 105
Burr Ridge, IL 60527

1-866-717-6365
www.creighton-online.com

I certify that all information contained on this application and accompanying documents is accurate and complete and acknowledge that any omission or inaccurate information could jeopardize my standing with Creighton University. If admitted, I agree to abide by all policies and regulations of Creighton University.

Full Legal Signature _____ Date _____

Creighton University Nondiscrimination Policy

Creighton University admits qualified students and hires qualified employees without regard to race, color, age, national or ethnic origin, disability, sex, marital status or religion. Its education and employment policies, scholarship and loan program, and other programs and activities, are administered without unlawful discrimination. The University Affirmative Action Director has been delegated the responsibility for coordination of the University's equal rights efforts.

Recommendation Form

Creighton University Online Admissions Processing Center
745 McClintock Drive, Suite 105
Burr Ridge, IL 60527

NOTE TO THE APPLICANT:

This section must be filled out before giving form to the person writing the recommendation. Recommendations should be completed by professors or professional colleagues who are able to comment on your academic and/or administrative capabilities.

Name of applicant: _____
Last
First
M.I.

Degree program to which I am applying: _____

You are encouraged to sign the statement below; however, the signing of this statement is optional.

The Family Educational Rights and Privacy Act of 1974 opens many student records for the student's inspection. The law also permits the student to sign a waiver relinquishing his or her right to inspect letters of recommendation. The applicant's signature below constitutes a waiver signifying that the evaluation will remain CONFIDENTIAL; no signature means that the applicant will have the right to read this evaluation.

I hereby waive my right of access to this recommendation under the Family Educational Rights and Privacy Act,

Applicant's signature: _____ Date _____

NOTE TO THE RECOMMENDER:

The person name above is applying for admission to the Creighton University Graduate Programs. The Admissions Committee attaches considerable weight to the statements made by the recommender; therefore, we would appreciate your candid assessment of the applicant's preparation, motivation and capacity for graduate study. It is acceptable to respond to these questions in letter form. Should you choose that format, please fill out the information below and staple the letter to the back of this form. You may return this completed form to the applicant in a sealed envelope with your signature across the seal of the envelope or you may return it directly to the address at the top of the form. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help.

Recommender Information

Name: First _____ Last _____		Signature: _____		Date: _____
Position/Title: _____		Employer/Organization: _____		
Street: _____	City: _____	State/Province: _____	Zip/Postal Code: _____	Country: _____
If we have questions, may we contact you? <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Telephone: _____	Email: _____	

A. Knowledge of applicant

1. Length of time you have known the applicant: ___ Years ___ Months
2. How well do you know the applicant? ___ Very well ___ Moderately well ___ Slightly
3. In what capacity do you know the applicant? ___ Professor/Instructor ___ Employer/Supervisor
 ___ Colleague/Co-worker ___ Advisor ___ Other (specify) _____

B. Please rate the applicant on the following abilities and traits:

	Excellent/ Outstanding	Above Average	Average/ Good	Below Average	Poor	Unable to Judge / Not Applicable
Oral Communication Skills						
Written Communication Skills						
Maturity /Poise						
Dependability/Responsibility						
Analytical Ability						
Judgment						
Integrity						
Motivation						
Persistence						
Ability to work effectively with others						
Ability to work under pressure						
Leadership						
Potential for success in graduate study						

What are the applicant's principal strengths?

In what areas is the applicant weak?

C. Please make any additional statements concerning the applicant's qualifications for graduate study.

D. In summary, my recommendation of applicant is:

strongly recommend recommend recommend with reservation do not recommend

My reservations are: _____
