

Return application and \$25 application fee to the MAC Office
University of Dubuque, 2000 University Avenue, Dubuque, IA 52001-5099

Personal information: (please print or type)

Legal Name: _____
Family Name First Middle Maiden (if applicable)

Address: _____
Street, Apt., or P.O. Box

City State Country ZIP/Postal Code

Country of Birth: _____ Country of Citizenship: _____

Home Phone: _____ Office Phone: _____

Cell Phone: _____ E-mail Address: _____

Social Security Number: _____

Are you a veteran? (U.S. citizens) (optional): Yes No If yes, are you under the G.I. Bill®? Yes No

Date of Birth: _____ / _____ / _____ Gender: Male Female
Month Day Year

Religious Affiliation (optional): _____ Marital Status (optional): _____

Spouse's Name (optional): _____

When do you plan to enroll? Fall 20____ (yr.) Spring 20____ (yr.) Summer 20____ (yr.)

Have you previously registered in a University of Dubuque graduate program? Yes No

Which site do you plan to attend? Dubuque Other

Classification: Full-Time Part-Time

What concentration are you considering? Mediated Technologies Public Relations Management Leadership & Management

How Do You Describe Yourself: (optional) (check one)

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

In addition, select one or more of the following racial categories to describe yourself: American Indian or Alaska Native Asian
 Black or African American Native Hawaiian or Pacific Islander White

Educational record:

Please list chronologically all post-secondary schools attended.

Name of School:	City/State:	Dates Attended:	Degrees Earned:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Transcripts:

All applicants are responsible for requesting that complete, official transcripts from each post-secondary school attended be sent directly by the registrar to the MAC Office.

Transfer Credits:

If you have taken graduate courses that might apply to this program and you wish to have them considered for credit by the University of Dubuque, please list them below.

Name of College/University:	Course Title:	Grade Received:	Date Completed:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you taken the TOEFL language test (if English is not your primary language)? Yes No Score: _____
 Computer Version Paper Version

What is your first language if other than English? _____

Employment Record:

Please list your employment record for the past 5 years.

Occupation:	Employer:	City/State:	Period Employed:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list professional certificates held:

_____	_____
_____	_____

References:

Three reference forms are included with this application. On each reference form, please write your name, and indicate if it is confidential or nonconfidential. Kindly list below the names and addresses of the persons asked to complete your reference forms.

Name:	Address:	City/State:	Phone:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature: (important)

Misrepresentation deemed significant by the University of Dubuque in any statement may be considered sufficient reason for refusal of admission or cancellation of registration after acceptance.

I hereby certify that the information given in this application is correct, and I agree to comply with the rules and regulations of the University of Dubuque, as stated in official publications, if I am accepted as a student.