



Check one:

- Master of Acquisition Management.....
- Master of Business Administration.....
- Master of Contract Management
- Master of Project Management
- Master of Supply Chain Management.....
- Master of Leadership and Management.....

Master's Degree Program Application

Concentration if Applicable _____

Registrar					
Date Received	Fee Paid: Y/N	Transcript Received: Y/N	App. Approved: Y/N	Date:	No. Of Advanced Standing Credits:
Waiver code:					

Part 1

Instructions

Read application carefully before completing. Provide all information requested (Name, Address, etc)
If more space is required, attach additional pages and return with the application to:

Registrar
American Graduate University
733 North Dodsworth Avenue
Covina, CA 91724-2499

Payment of the \$50 nonrefundable processing fee must accompany the application.
See reverse side for payment options.

Applicant Information

1. Name (Last, First, Middle initial)		Maiden Name		2. Title		3. Employer	
4. Division/Branch			5. Office Street Address			6. City	
7. State	8. ZIP	9. Country	10. Office Email		11. Office Fax	12. Office phone	
13. Job Description							

Part 2

Personal Information (*indicates required field)

14. *Home Street Address			
15. *City	16. *State	17. * ZIP	18. *Country
19. *Home Phone	20. Cell/Mobile Phone		21. Home Email

Professional Experience (List most recent first; omit present employment)

22. Employer		23. Job Title	
24. Dates (list most recent first; omit present employment)		Month/Year	Month/Year
		to	
25. Employer		26. Job Title	
27. Dates (list most recent first; omit present employment)		Month/Year	Month/Year
		to	
28. Employer		29. Job Title	
30. Dates (list most recent first; omit present employment)		Month/Year	Month/Year
		to	
31. Employer		32. Job Title	
33. Dates (list most recent first; omit present employment)		Month/Year	Month/Year
		to	

Go on to next page

Colleges or Universities Attended (Degree applicants must have a Baccalaureate degree from a recognized university)										
34. University			35. City				36. State		37. Country	
38. Dates		39. Graduated		40. Graduation Date		41. Major		42. Degree Earned		
Month/Year	To	Month/Year	Yes	No	Month/Year	To	Month/Year			
43. University			44. City				45. State		46. Country	
47. Dates		48. Graduated		49. Graduation Date		50. Major		51. Degree Earned		
Month/Year	To	Month/Year	Yes	No	Month/Year	To	Month/Year			

Advanced Standing,

Applicants may receive up to 6 units of Advanced Standing credits for courses completed in other public, private, or government educational institutions.

Please attach a description of all applicable DAU and graduate level courses satisfactorily completed for which you request Advanced Standing. Include evidence of completion. AGU's Director of Admissions will contact you upon receipt of your application to discuss your objectives and to review your request for Advanced Standing.

I certify that I have personally prepared this application and the information given is correct.	
Signature of Applicant	Date of Application

Application Fee Payment Options	
<input type="checkbox"/> Check Enclosed – Make payable to : American Graduate University. (TIN: 43-1979796)	
<input type="checkbox"/> Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Name of Cardholder _____	
Credit Card Number	Expiration (mm/yy) ____/____
Signature _____	

How Did You Hear About Us ?	
<input type="checkbox"/> Internet (if so, which search engine) _____	
<input type="checkbox"/> Print media (which magazine or journal) _____	
<input type="checkbox"/> Direct mail _____	
<input type="checkbox"/> Personal referral (name of person) _____	
<input type="checkbox"/> Conference / Trade Show (which one) _____	
<input type="checkbox"/> Other _____	