APPLICATION FOR

Master of Healthcare Administration

For information on Undergraduate, Credential, or Colloquy, please contact the Admission Office for appropriate application.

UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.
Please send application form and requested items to:
Attn: MHA Admissions
Concordia University
1530 Concordia West
Irvine, CA 92612-3203
or
ggradadmissions@cui.edu

To complete your admission file we will need:
1. Completed Application
2. Application fee of $50
3. One official transcript from a regionally accredited college or university that shows your confirmed bachelor's degree.
4. Completed Statement of Intent
5. Three Reference Forms (Forms available online at cui.edu/mha)
6. A current professional resume

Please PRINT or type

Applicant's name ____________________________________________________________

Family Name First Name Middle Names Given Name

Semester you plan to enroll at Concordia: Fall: 20____ Spring: 20____ Summer: 20____

PRESENT MAILING ADDRESS

Street _____________________________ City _____________________________ State _______ Zip__________

PERMANENT HOME ADDRESS

Street _____________________________ City _____________________________ Permanent/Province __________________Postal Code____________

If different from above, specify dates mail should go to this address: ______/____/____ to ______/____/____

Facebook Email: __________________________ Twitter Username: __________________________

Cell phone: ( ) ____________-__________________________ Social Security Number: __________________________

E-mail address: __________________________ List only active address that you check frequently. This e-mail address will be used for electronic communication between the university and you.

PERSONAL BACKGROUND

Date of birth _________/ _______/ _________ Place of Birth __________________________

Month Day Year City State Country

Gender: □ Male □ Female Citizenship: □ USA □ Permanent resident □ Other country (Please request an International Student Application)

Native Language: __________________________________________

Have you been found guilty, been adjudicated guilty, or otherwise been convicted of a crime in any court? (excluding minor traffic violations)

□ Yes □ No If you answered yes to either question above, please attach a full description including date(s) and disposition of case.

Where do you currently work? ______________________________________

Are you applying to other graduate programs? □ Yes □ No If yes, which ones? ______________________________________

If you wish to identify an ethnic group, please indicate to which group you belong:

□ Native American □ Asian or Pacific Islander □ Latino/Chicano/Hispanic □ African American □ White (Caucasian)

PREVIOUS EDUCATION

1. College/University Name _____________________________________ City ________________ State ________________

   Dates attended _____________________________ Units completed at the time of application _____________________________

   Degree and Date Received _____________________________ Cumulative GPA (based on a 4.0 scale) _____________________________

2. College/University Name _____________________________________ City ________________ State ________________

   Dates attended _____________________________ Units completed at the time of application _____________________________

   Degree and Date Received _____________________________ Cumulative GPA (based on a 4.0 scale) _____________________________

(List additional schools attended on a separate sheet.)
RELIGIOUS AFFILIATION

- Lutheran Church – Missouri Synod
- Non-Denominational Christian
- Catholic
- Baptist
- Methodist
- Presbyterian
- None
- Evangelical Lutheran Church of America
- Other ______________________

Congregation name _________________________________________________ Pastor's name __________________________________________

Congregation address ______________________________________________________________________________________________

City ________________________________________State _________ Zip _______________ Phone (               ) _____________________

How Did You Hear About Concordia University Irvine?

Why Did You Choose Concordia University Irvine?

NONDISCRIMINATION POLICY

Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

CERTIFICATION

I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

Applicant’s signature ___________________________ Date __________________

CONCORDIA UNIVERSITY IRVINE