

**Whitworth School of Global Commerce & Management**  
**Graduate Studies in Business**  
**300 W. Hawthorne Road**  
**Spokane, WA 99251 U.S.A.**  
 TEL: 800.929.6891, 509.777.4606, Fax: 509.777.3723  
 e-mail: gsb@whitworth.edu  
 Internet: www.whitworth.edu/sgcm



Please specify the program you are applying for:  MIM  MBA  MBA in IM  
**APPLICATION FOR ADMISSION**

**PERSONAL INFORMATION**

PLEASE PRINT OR TYPE

Name: LAST (family name) FIRST (given name) MIDDLE FORMER / OTHER NAMES USED

Present address: City State/ Province ZIP Country

( ) ( ) ( ) ( )

Home phone: Business phone: Cell: Fax: E-mail:

Permanent address: City State/Province ZIP Country

Social Security number: Passport number:

Country of citizenship: Ethnicity: Native language: Other languages:

Date of birth: Month / Day / Year Place of birth: city and country Gender: Male/Female

Anticipated enrollment date: \_\_\_\_\_ How did you hear about Whitworth's business program (please be specific) \_\_\_\_\_

Have you ever visited, worked or studied in a country other than your country of citizenship? Indicate location, activity and dates.

Foreign language(s) you wish to study (MIM only): ( ) Spanish ( ) French ( ) German ( ) Chinese ( ) Japanese ( ) Arabic ( ) Korean.

Students may be required to take a placement test to ensure that they begin MIM language study at the appropriate level.

**PROFESSIONAL EXPERIENCE**

1. Present position: Agency/Company/location: Dates of employment: From: / to /

2. Volunteer / Other work experience: Total years of work experience:

3. Indicate any professional affiliations or associations and length of membership or service:

**ACADEMIC PREPARATION**

**Official transcripts should be directed to the Whitworth University Graduate Studies in Business Office.**

List all colleges or universities previously attended. Please begin with most recent attendance.

1. College or university: Location: Dates attended: From: / to /

Major: Minor: Degree(s) earned: Date Earned: Month Year

		From: / to /	
2. College or university:	Location:	Dates attended	
Major:	Minor:	Date Earned:	Month Year
		From: / to /	
3. College or university:	Location:	Dates attended:	
Major:	Minor:	Date Earned:	Month Year
		From: / to /	
4. College or university:	Location:	Dates attended:	
Major:	Minor:	Date Earned:	Month Year
		From: / to /	

5. Indicate any honors/awards/distinctions and year(s) received:

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6. Indicate the college or university level courses that you have completed from the following:

- |   |                                     |
|---|-------------------------------------|
| <input type="checkbox"/> Microeconomics | <input type="checkbox"/> Finance    |
| <input type="checkbox"/> Macroeconomics | <input type="checkbox"/> Statistics |
| <input type="checkbox"/> Accounting     | <input type="checkbox"/> Marketing  |

## TEST SCORES

Test scores must be sent directly to the Whitworth University Graduate Studies in Business Office. Please indicate the date you took (or plan to take) the test(s).

GMAT: Month / Day / Year	( ) ( %below)	( ) ( %below)	( )	( ) ( %below)
	Verbal Score:	Quantitative Score:	Total Score:	Analytical Writing Score:
GRE: Month / Day / Year	( ) ( %below)	( ) ( %below)		( ) ( %below)
	Verbal Score:	Quantitative Score:		Analytical Writing Score:
TOEFL: Month / Date / Year	( )	( ) ( )	( ) ( )	
	TOTAL Score:	Section 1:	Section 2:	Section 3: TWE Score:

## PERSONS PROVIDING RECOMMENDATION

1. Name:	Organization:	Title/Position:	( )
Address:		Phone:	Fax:
2. Name:	Organization:	Title/Position:	( )
Address:		Phone:	Fax:

In case of emergency during your stay, whom should we notify?

NAME	RELATIONSHIP	PHONE NUMBER	E-MAIL
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I hereby certify that the information I have provided in this application is true and accurate to the best of my knowledge. I also certify that I have read and understand the application instructions to the MBA/MIM degree program.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_