

COLLEGE OF BUSINESS GRADUATE DEGREE PROGRAMS

APPLICATION FOR ADMISSION

- MASTER OF BUSINESS ADMINISTRATION
- MASTER OF SCIENCE IN MANAGEMENT INFORMATION SYSTEMS
- MBA-MSMIS DUAL DEGREE



UNIVERSITY OF
MARY WASHINGTON

where great minds get to work



UNIVERSITY OF MARY WASHINGTON

ADMISSIONS CHECKLIST FOR GRADUATE PROGRAMS

You may complete the enclosed application or submit an online application, but be sure all requirements listed in sections 1, 2, and 3 below have been completed. The online applications and forms are available at www.umw.edu/admissions/apply.

1. Complete all forms listed below and submit with your application fee:
 - ☐ Application (Don't forget to sign!)
 - ☐ Honor System Agreement
 - ☐ Virginia In-State Tuition Form
 - ☐ Written statement of your professional goals
 - ☐ Resume outlining your work experience
 - ☐ Foundation Waiver Form (if you would like your previous coursework to be considered)
2. Submit three letters of recommendation (copies may be made of form in booklet):
3. Send a transcript request to all the colleges you've attended (copies may be made of form in booklet):
 - Request official transcripts from each and every college or university you attended, even if the courses were transferred somewhere else.
 - Request any military transcripts if appropriate.
4. Mail or deliver to:
University of Mary Washington
Office of Admissions
121 University Blvd.
Fredericksburg, VA 22406-7239

**Please call the Office of Admissions at 540/286-8088 or
email graduate@umw.edu with your questions.
Monday through Thursday, 8:30 a.m. - 6:30 p.m.; Friday, 8:30 a.m. - 5 p.m.**

UNIVERSITY OF MARY WASHINGTON

GRADUATE PROGRAMS APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT in the information below and return this form with your \$50 non-refundable application fee to:

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406-7239

540/286-8088 • Fax: 540/286-8085 • Email: graduate@umw.edu

For the term beginning ☐ Fall ☐ Spring ☐ Summer Year _____

PERSONAL DATA

Legal Name _____

Enter name exactly as it appears on passports or other official documents. Last/Family

First

Middle (complete)

Jr., etc.

Prefer to be called (nickname) _____ Former last name(s) if any _____

Email Address _____ Home Phone _____

(Area Code)

Number

Mailing Address _____ Work Phone _____

Number and Street

(Area Code)

Number

City or Town _____ State _____ Country _____ Zip Code or Postal Code _____

Occupation _____ Employer _____

Do you plan to utilize tuition reimbursement from your employer? ☐ Yes ☐ No

Are you applying for a graduate assistant position? ☐ Yes ☐ No

Are you applying for conditional admission through the ELS Language Center? ☐ Yes ☐ No

Citizenship: ☐ U.S. citizen ☐ Dual U.S. citizen; please specify other country of citizenship _____

☐ U.S. Permanent Resident visa; citizen of _____

☐ Other citizenship - Country: _____ Visa type: _____

All non-citizens are required to include documentation of their status with their application.

Do you wish to apply for Virginia in-state tuition (based on Virginia domicile?) ☐ Yes ☐ No

If yes, please state your Virginia city or county of residence. _____

If yes, include the completed Application for Virginia In-State Tuition Rates with your application for admission.

The following items are optional. Answers to these questions will not be used in a discriminatory manner.

Sex: ☐ Female ☐ Male Birth Date _____

Social Security Number (Excluding your social security number may delay the registration process) _____

If you wish to be identified with a particular race or ethnic group, please select the one that best describes you:

☐ African American, Black ☐ Asian or Pacific Islander ☐ White, Non-Hispanic

☐ Native American, Alaska Native ☐ Hispanic or Latino ☐ Multi-racial

Are you Hispanic/Latino? ☐ Yes, Hispanic or Latino (including Spain) ☐ No Please describe your background _____

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

☐ American Indian or Alaska Native (including all Original Peoples of the Americas) Please describe your background _____

Are you Enrolled? ☐ Yes ☐ No

Please enter Tribal Enrollment Number _____

☐ Asian (including Indian subcontinent and Philippines) Please describe your background _____

☐ Black or African American (including Africa and Caribbean) Please describe your background _____

☐ Native Hawaiian or Other Pacific Islander (Original Peoples) Please describe your background _____

☐ White (including Middle Eastern) Please describe your background _____

How did you first learn of University of Mary Washington?

☐ Newspaper ☐ Information Session ☐ Friend or Colleague ☐ Radio ☐ Other _____

GRADUATE PROGRAMS APPLICATION FOR ADMISSION

GRADUATE PROGRAMS

Please select the program to which you are applying:

- ☐ Master of Business Administration
☐ Master of Science in Management Information Systems
☐ MBA-MSMIS Dual Degree Program

I plan to be a: ☐ Part-time student ☐ Full-time student

EDUCATION

Of the following list, please mark your highest level of education:

- ☐ Bachelor's Degree ☐ Graduate, level unknown ☐ Post Master's or Certificate
☐ Master's Degree ☐ Doctorate

List all colleges and universities attended (full-or part-time) beginning with the current or most recent—including UMW.

Transcripts from all schools listed are required for admission.

College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled
College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled
College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled
College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled

Have you previously applied to or attended the University of Mary Washington? ☐ Yes ☐ No

Have you been convicted of a crime other than a traffic violation? ☐ Yes ☐ No

If yes, please attach a short explanation.

ADDITIONAL INFORMATION

1. Provide a written statement of professional goals and how the MBA or MSMIS will contribute to the achievement of those goals.
(Response should be approximately one typed page.)
2. Include a résumé outlining your work experience.
(No more than two typed pages.)

HONOR SYSTEM AGREEMENT (PLEASE READ AND SIGN)

THE HONOR SYSTEM: A WAY OF LIFE AT UMW

The Honor System is fundamentally a code of personal integrity. It means that students of the University of Mary Washington accept the challenge to make their word of honor a pledge of absolute truthfulness in all matters that fall within the Honor Code. It is a commitment to a way of life characterized by loyalty to the highest ideals of individual and collective ethical responsibility. — Dr. Edward Alvey, Dean Emeritus

STATEMENT OF NON-DISCRIMINATION

The University of Mary Washington subscribes to the principles of equal opportunity and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliation, marital status, sexual orientation, sex, or age in recruiting, admitting, and enrolling students or in hiring faculty and staff members. The University will not recognize or condone student, faculty, or staff organizations that discriminate in selecting members. Complaints of discrimination or questions should be directed to the AA/EEO Officer of the University.

COMMUNITY VALUES

Several elements contribute significantly to the fulfillment of the University's mission. One is the encouragement of, and respect for, individual and cultural diversity. The University also insists upon an atmosphere of civility

and tolerance consistent with the ideals of a community of scholars. Toward that end, the University embraces a statement of community values and expectations concerning the behavior of its members. This statement declares that:

The University of Mary Washington is an academic community dedicated to the highest standards of scholarship, personal integrity, responsible conduct, and respect for the individual. We hold among our foremost common values:

- *The importance of personal integrity as reflected in adherence to the Honor Code,*
- *The right of every individual to be treated with dignity and respect at all times,*
- *The acceptance of and respect for diversity in our community and adherence to the University's Statement of Non-Discrimination, and*
- *The freedom of intellectual inquiry in the pursuit of truth.*

As members of the University community, we refuse to tolerate behavior that in any way compromises or threatens these values.

PLEASE READ THE HONOR CONSTITUTION:

students.umw.edu/honor-system

UMW HONOR PLEDGE AND TERMS OF APPLICATION

I, as a student at the University of Mary Washington, do hereby accept the Honor System. I have read the information about the Honor System, understand it, and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying the facts. I acknowledge that, in support of the Honor System, it is my responsibility to report any violations of the Honor Code of which I am aware, and that it is my duty to participate as an honor trial juror if called upon to serve, unless officially excused.

I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable, and that such a violation could result in my permanent dismissal from the University. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

I have read and understand the expectations outlined in the "Statement of Community Values and Behavioral Expectations" and the "Statement of Non-Discrimination."

I understand that this application is subject to all terms and conditions, financial and otherwise, set forth in the current catalog and to all officially announced changes. I agree to accept all terms and conditions, financial and otherwise, which are in effect during the entire period of enrollment.

I also understand that I cannot be licensed to teach in the Commonwealth of Virginia if I have ever been convicted of a felony.

I certify that the information given in this application is correct to the best of my knowledge and belief. My signature below indicates that I accept the obligations and conditions of the Honor System.

I acknowledge responsibility for all tuition and fees resulting from my acceptance of an offer of admission to the University of Mary Washington.

Applicant's Signature _____ **Date** _____

IMPORTANT: *Please re-read this application and make sure that all blanks have been filled in. Incomplete forms will be returned and the processing of your application may be delayed.*



where great minds get to work

REQUEST for WAIVER/TRANSFER CREDIT FOUNDATION/CORE/CONCENTRATION COURSES

PLEASE READ BEFORE PROCEEDING TO THE NEXT SECTION

As part of the application process, the admissions committee would like to know the undergraduate and graduate courses you have taken at other colleges and universities, including UMW, that may serve as the basis for a waiver of foundation course(s) or transfer of a graduate course(s). The curriculum must meet specific criteria and will be evaluated before a waiver or transfer credit is granted.

The following forms give you the opportunity to list courses you have already completed and which may be waived for the program to which you are applying.

**Select ONLY ONE FORM that reflects the major and concentration you are interested in.
You will find the major and/or concentrations listed at the top of each page.**

In order for your previous coursework to be considered as equivalent to a UMW course, it must meet the following criteria:

- ☐ Completed at a regionally accredited college or university
- ☐ Completed prior to admission to UMW
- ☐ Included in the official transcript that is submitted to UMW Admissions

Foundation Course Waiver Information

- ♦ The foundation course component is designed to provide the essential business and/or technology knowledge and skills required for successful completion of the MBA or MSMIS program.
- ♦ Some or all of the foundation courses may be waived by:
 - o Successfully passing an examination addressing the course content. A foundation course may be challenged by exam only one time.
 - o CLEP Exam OR faculty-developed exam administered at the discretion of business faculty.
- ♦ *For waiver of undergraduate foundation course(s), previous coursework must:*
 - o Have been completed within the past 10 years and have earned a grade of “B” or higher
 - o Have been awarded an equal or greater number of credits as the course being waived (may combine two or more courses)
- ♦ **MBA students admitted Fall 2007 or later:** Before enrolling in MBA courses, with the exception of MMIS 500 and MBUS 501A, all foundation courses must be completed.
- ♦ **For MSMIS students:** It is strongly recommended that foundation courses be completed before taking graduate courses.
- ♦ It is the responsibility of the MBA or MSMIS applicant to demonstrate why or how a foundation course should be waived.

Graduate Course Transfer Information

- ♦ *For transfer of graduate course(s):*
 - ♦ Coursework must have been completed within the past six years and have earned a grade of “B” or higher.
 - ♦ Course content must be equivalent to a similar UMW class. If possible, please provide a course description or syllabus.

If you have questions, please contact the UMW Office of Admissions; call 540/286-8088 or email graduate@umw.edu.

UNIVERSITY OF MARY WASHINGTON
MBA

REQUEST for WAIVER/TRANSFER CREDIT
FOUNDATION/CORE/CONCENTRATION COURSES

Name: _____

Last	First	Middle initial
------	-------	----------------

In order for coursework completed at another institution to be considered equivalent to a UMW course, it must meet the following criteria:

- Completed at a regionally accredited college or university
 - Completed prior to admission to UMW
 - Had an equal or greater number of credits awarded (may combine two or more courses)
 - Official transcript is submitted
- Content was equivalent to the UMW course. *If possible, please provide a course description or syllabus.*
 - ***Transfer Credit for graduate level course(s)*** must have been completed within the last **6 years** with a grade of "B" or higher
 - ***Waiver for foundation level course(s)*** must have been completed within the last **10 years** with a grade of "B" or higher

Information for Foundation Course Waiver Request(s)					
UMW Foundation Courses		Potential equivalent course(s)		OFFICIAL USE ONLY	
	Course no.	Course title	Completed at (name of institution)	Approval (initials)	Reason for denial
Example LRSP 331 Org. Behavior	MGMT 3XX	Organizational Behavior	J. Smith Accredited College	Yes No	Grade Age Content Need Additional Information
ACCT 201 Acct'g for Mgrs				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
BUAD 283 Legal Envir Bus.				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
BPST 316 Stats. for Mgrs				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
CIST 304 Comp Info. Sys Prog I				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
LRSP 306 Econ for Bus.				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
LRSP 311 The Mgt Process				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
LRSP 331 Org. Behavior				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
LRSP 412 Mkt for Mgrs				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
LRSP 433 Prod/Oper Mgt				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
LRSP 400 Intro to MBA Prog	– Not waivable –				
Information for Graduate Level Transfer Credit Request(s)					
Equivalent UMW graduate course	Potential equivalent course(s)			OFFICIAL USE ONLY	
	Course no.	Course title	Completed at (name of institution)	Approval (initials)	Reason for denial
				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information
				___ Yes ___ No	___ Grade ___ Age ___ Content ___ Need additional information

Student signature: _____ **Date:** _____

PROGRAM USE ONLY

Faculty reviewer	Date	Faculty reviewer	Date
------------------	------	------------------	------

COMMENTS:

UNIVERSITY OF MARY WASHINGTON
MSMIS

REQUEST for WAIVER/TRANSFER CREDIT
FOUNDATION/CORE/CONCENTRATION COURSES

Name: _____

Last	First	Middle initial
------	-------	----------------

In order for coursework completed at another institution to be considered equivalent to a UMW course, it must meet the following criteria:

- | | |
|--|--|
| <ul style="list-style-type: none"> ➤ Completed at a regionally accredited college or university ➤ Completed prior to admission to UMW ➤ Had an equal or greater number of credits awarded (may combine two or more courses) ➤ Official transcript is submitted | <ul style="list-style-type: none"> ➤ Content was equivalent to the UMW course. <i>If possible, please provide a course description or syllabus.</i> ➤ <i>Transfer Credit for graduate level course(s)</i> must have been completed within the last <u>6 years</u> with a grade of "B" or higher ➤ <i>Waiver for foundation level course(s)</i> must have been completed within the last <u>10 years</u> with a grade of "B" or higher |
|--|--|

Information for Foundation Course Waiver Request(s)	
1	<p>1. Foundation Course(s) Requested: _____</p> <p>2. Reason(s) for Request: _____</p> <p>3. Supporting Documentation: _____</p> <p>4. Signature of Student: _____</p> <p>5. Signature of Advisor: _____</p> <p>6. Signature of Dean: _____</p>

UMW Foundation Courses		Potential equivalent course(s)		OFFICIAL USE ONLY	
	Course no.	Course title	Completed at (name of institution)	Approval (initials)	Reason for denial
EXAMPLE LRSP 331 Org. Behavior	MGMT 3XX	Organizational Behavior	J. Smith Accredited College	Yes No	Grade Age Content Need additional information
Required:					
BPST 316 Stats. for Mgrs				Yes No	Grade Age Content Need additional information
CIST 304 Comp Info. Sys Prog I				Yes No	Grade Age Content Need additional information
3 credits from the following:					
CIST 299 Intro Comp Info Sys				Yes No	Grade Age Content Need additional information
CIST 305 Comp Info. Sys Prog II				Yes No	Grade Age Content Need additional information
CIST 401 Database Sys				Yes No	Grade Age Content Need additional information
CIST 406 Data Comm & Networking				Yes No	Grade Age Content Need additional information
3 credits from the following:					
LRSP 311 The Mgt Process				Yes No	Grade Age Content Need additional information
LRSP 331 Org. Behavior				Yes No	Grade Age Content Need additional information
3 credits from the following:					
ACCT 201 Acct for Mgrs				Yes No	Grade Age Content Need additional information
LRSP 306 Econ for Bus.				Yes No	Grade Age Content Need additional information
LRSP 412 Mkt for Mgrs				Yes No	Grade Age Content Need additional information
LRSP 435 Lrsp, Innov. & Creat.					
Information for Graduate Level Transfer Credit Request(s)					
Equivalent UMW graduate course	Potential equivalent course(s)			OFFICIAL USE ONLY	
	Course no.	Course title	Completed at (name of institution)	Approval (initials)	Reason for denial
				Yes No	Grade Age Content Need additional information
				Yes No	Grade Age Content Need additional information

Student signature: _____ Date: _____

PROGRAM USE ONLY

Faculty reviewer

Date _____

Faculty reviewer

Date _____

COMMENTS:

UNIVERSITY OF MARY WASHINGTON

MBA-MSMIS Dual Degree

REQUEST for WAIVER/TRANSFER CREDIT FOUNDATION/CORE/CONCENTRATION COURSES

Name: _____
Last
First
Middle initial

In order for coursework completed at another institution to be considered equivalent to a UMW course, it must meet the following criteria:

- Completed at a regionally accredited college or university
- Completed prior to admission to UMW
- Had an equal or greater number of credits awarded (may combine two or more courses)
- Official transcript is submitted
- Content was equivalent to the UMW course. *If possible, please provide a course description or syllabus.*
- **Transfer Credit for graduate level course(s)** must have been completed within the last **6 years** with a grade of "B" or higher
- **Waiver for foundation level course(s)** must have been completed within the last **10 years** with a grade of "B" or higher

Information for Foundation Course Waiver Request(s)

UMW Foundation Courses	Potential equivalent course(s)			OFFICIAL USE ONLY	
	Course no.	Course title	Completed at (name of institution)	Approval (initials)	Reason for denial
EXAMPLE LRSP 331 Org. Behavior	MGMT 3XX	Organizational Behavior	J. Smith Accredited College	<input type="checkbox"/> Yes <input type="checkbox"/> No	Grade Age Content Need additional information
Required:					
ACCT 201 Accting for Mgrs				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
BUAD 283 Legal Envir Bus.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
BPST 316 Stats. for Mgrs				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
CIST 304 Comp Info. Sys Prog I				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
LRSP 306 Econ for Bus.				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
LRSP 311 The Mgt Process				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
LRSP 331 Org. Behavior				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
LRSP 412 Mkt for Mgrs				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
LRSP 433 Prod/Oper Mgt				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
LRSP 400 Intro. to MBA Prog.	- Not waivable -				
3 credits from the following:					
CIST 299 Intro Comp Info Sys				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
CIST 305 Comp Info. Sys Prog II				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
CIST 401 Database Sys				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
CIST 406 Data Comm & Networking				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information

Information for Graduate Level Transfer Credit Request(s)

Equivalent UMW graduate course	Potential equivalent course(s)			OFFICIAL USE ONLY	
	Course no.	Course title	Completed at (name of institution)	Approval (initials)	Reason for denial
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Grade <input type="checkbox"/> Age <input type="checkbox"/> Content Need additional information

Student signature: _____ **Date:** _____

PROGRAM USE ONLY

Faculty reviewer

Date

Faculty reviewer

Date

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. *All questions must be answered.*

Section A - Student Information

1) Name of applicant _____
Last First Middle

2) Social Security Number (Optional) _____ 3) Date of birth _____

4) Citizenship ☐ U.S. ☐ U.S. permanent resident ☐ Non-U.S. Please specify visa type _____ Exp. date _____ (Please provide copy of I-94)

5) How long have you lived in Virginia? _____ year(s) _____ month(s)

6) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address City State Zip code From To

7) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address City State Zip code From To

- | | |
|--|--|
| <p>8) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? <input type="checkbox"/> Yes <input type="checkbox"/> No
b.) If Yes, does your spouse provide over 50% of your financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10) Do any of the following characteristics apply to you?
Place a check beside all that apply.
<input type="checkbox"/> Age 24 or older as of the first day of the term in which you intend to enroll
<input type="checkbox"/> Veteran or active duty member of the U.S. Armed Forces
<input type="checkbox"/> Graduate or first-professional student
<input type="checkbox"/> Ward of the court or was a ward of the court until age 18
<input type="checkbox"/> If both parents are deceased, no adoptive or legal guardian
<input type="checkbox"/> Legal dependents other than a spouse</p> <p>11) In the last tax year did you file a state return to any state other than Virginia? If yes, please explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? If no, please explain: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13) Are you a registered voter in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date registered _____ Original _____ Re-registered _____</p> <p>14) Do you hold a valid Virginia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date issued _____ Original _____ Renewal _____
If no, indicate your driver's license status:
Hold in another state _____ Not licensed _____</p> | <p>15) Did you own or operate a motor vehicle registered in Virginia during the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no, indicate registration status:
Registered in another state _____
Did NOT own or operate a motor vehicle _____</p> <p>16) Are you or your spouse an active duty member of the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, continue to Question 16.
If yes, who is a member? Self _____ Spouse _____
and answer the following:
a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, as of what date? _____
Where were you stationed on that date? _____
Please submit a copy of the most recent Leave and Earnings Statement.
b.) If you are in the military, or if your spouse is, are you assigned to a Permanent Duty Station in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, as of what date? _____
Where are you stationed? _____
Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.</p> <p>17) Answer this question only if you live outside Virginia but work in Virginia:
Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, for at least one year prior to the term in which you will enroll? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</p> |
|--|--|

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of applicant _____

Date _____

Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the twelve months immediately preceding the first day of classes, has provided more than half of the applicant's financial support

1) Name of ☐ parent ☐ legal guardian ☐ spouse _____

2) How long have you lived in Virginia? _____ year(s) _____ month(s)

3) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address	City	State	Zip code	From	To
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4) Employment information for at least one year prior to the date for which in-state tuition rates are sought (*If not employed, or if retired, please indicate.*):

Street address	City	State	Zip code	From	To	Full-time/part-time
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

	Yes	No		Yes	No
5) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	12) Are you or your spouse an active duty member of the U.S. armed forces?	<input type="checkbox"/>	<input type="checkbox"/>
6) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	<i>If no, continue to Question 14.</i> <i>If yes, who is a member? Self _____ Spouse _____ and answer the following:</i>		
7) Will you have provided more than half of the applicant's financial support for at least twelve months prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	a.) Are Virginia income taxes paid on all military income? <i>If yes, as of what date?</i> _____ Where were you stationed on that date? _____ <i>Please submit a copy of the most recent Leave and Earnings Statement.</i>	<input type="checkbox"/>	<input type="checkbox"/>
8) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>	b.) Are you or your active-duty spouse assigned to a Permanent Duty Station in Virginia? <i>If yes, as of what date?</i> _____ Where are you stationed? _____ <i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i>	<input type="checkbox"/>	<input type="checkbox"/>
9) Are you a registered voter in Virginia? Date registered _____ Original _____ Re-registered _____ <i>If no, indicate your registration status:</i> Registered in another state _____ Not registered _____	<input type="checkbox"/>	<input type="checkbox"/>	13) Answer this question only if you live <i>outside</i> Virginia but work in Virginia: Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? <i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10) Do you hold a valid Virginia driver's license? Date issued _____ Original _____ Renewal _____ <i>If no, indicate your driver's license status:</i> Hold in another state _____ Not licensed _____	<input type="checkbox"/>	<input type="checkbox"/>			
11) Did you own or operate a motor vehicle registered in Virginia during the last year? <i>If no, indicate your auto registration status:</i> Registered in another state _____ Did NOT own or operate a motor vehicle _____	<input type="checkbox"/>	<input type="checkbox"/>			

I certify that the information I have provided is true.

Signature of parent/guardian

Date

UNIVERSITY OF MARY WASHINGTON

TRANSCRIPT REQUEST

To the student: Fill out this form completely and mail to all colleges and universities you have attended. There may be a fee, so be sure to call or email each institution prior to sending this Transcript Request Form. Duplicate as needed.

To the institution: Please send a copy of an official transcript to:

University of Mary Washington
Office of Admissions
121 University Blvd.
Fredericksburg, VA 22406-7239

☐ Also, please send an unofficial transcript for my personal use to the mailing address below.
I have included a transcript request fee of \$ _____

Social Security Number (Optional) _____ Today's Date _____

Name _____
First Middle Last

Previous name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Dates I attended _____ Year of graduation (if applicable) _____

Signature _____

Date _____

UNIVERSITY OF MARY WASHINGTON

TRANSCRIPT REQUEST

To the student: Fill out this form completely and mail to all colleges and universities you have attended. There may be a fee, so be sure to call or email each institution prior to sending this Transcript Request Form. Duplicate as needed.

To the Institution: Please send a copy of an official transcript to:

University of Mary Washington
Office of Admissions
121 University Blvd.
Fredericksburg, VA 22406-7239

☐ Also, please send an unofficial transcript for my personal use to the mailing address below.
I have included a transcript request fee of \$ _____

Social Security Number (Optional) _____ Today's Date _____

Name _____
First Middle Last

Previous name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Dates I attended _____ Year of graduation (if applicable) _____

Signature _____

Date _____

GRADUATE DEGREES APPLICANT RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Applicant: _____ SSN: _____

Name of person recommending applicant: _____

The Family Educational Rights and Privacy Act of 1974 as amended by PL 93-380 allows candidates for admission to waive their right of access to confidential recommendations. While we do not require that you waive your right to read this recommendation, we do believe that such a waiver encourages a more candid and useful recommendation. If you agree to waive your right to see this recommendation, please sign the statement below.

I hereby waive my right of access to this recommendation and any appropriate attachments. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to a graduate degree or certificate program.

Applicant's Signature: _____ *Date:* _____

TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to a graduate program at the University of Mary Washington. Your candid assessment of this applicant will greatly assist us in making a decision that is best for both the applicant and the program. We appreciate your time and effort in providing this recommendation.

When you have completed the recommendation, please do the following:

1. Mail, fax, or email the recommendation directly to the University,

Or

2. Seal the recommendation in the envelope, sign your name across the flap, and return it to the applicant.

How long have you known the applicant? _____

I have known this applicant as an/a:

- ☐ Undergraduate student ☐ Graduate student ☐ Co-worker ☐ Employee ☐ Other

I have served as the applicant's:

- ☐ Direct Supervisor ☐ Instructor ☐ Employer ☐ Co-worker ☐ Other

Please give us your appraisal of the applicant in terms of the qualities below. Rate the applicant in comparison to other graduate school applicants or other representative groups you have known.

	Top 5% Exceptional	Top 25% Above Average	Average	Lower 25% Below Average	Not Observed
Integrity					
Motivation for graduate work					
Ability to work independently					
Ability to work with others					
Written communication skills					
Oral communication skills					
Leadership potential					
Teaching performance					
Professional commitment					
Ability to solve problems					
Organizational skills					
Judgement					
Ability to motivate self and others					
Intellectual ability					

What do you consider to be the applicant’s particular strengths or talents?

Please feel welcome to add any additional comments regarding the applicant’s strengths and/or weaknesses in regard to successfully completing a graduate degree program.

Do you recommend this applicant for admission to a graduate degree program?

☐ Strongly recommend

☐ Recommend

☐ Recommend with reservation

☐ Do not recommend

May we contact you regarding this applicant?

☐ Yes

☐ No

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Organization: _____

Email _____

Phone: _____

GRADUATE DEGREES APPLICANT RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Applicant: _____ SSN: _____

Name of person recommending applicant: _____

The Family Educational Rights and Privacy Act of 1974 as amended by PL 93-380 allows candidates for admission to waive their right of access to confidential recommendations. While we do not require that you waive your right to read this recommendation, we do believe that such a waiver encourages a more candid and useful recommendation. If you agree to waive your right to see this recommendation, please sign the statement below.

I hereby waive my right of access to this recommendation and any appropriate attachments. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to a graduate degree or certificate program.

Applicant's Signature: _____ *Date:* _____

TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to a graduate program at the University of Mary Washington. Your candid assessment of this applicant will greatly assist us in making a decision that is best for both the applicant and the program. We appreciate your time and effort in providing this recommendation.

When you have completed the recommendation, please do the following:

1. Mail, fax, or email the recommendation directly to the University,

Or

2. Seal the recommendation in the envelope, sign your name across the flap, and return it to the applicant.

How long have you known the applicant? _____

I have known this applicant as an/a:

- ☐ Undergraduate student ☐ Graduate student ☐ Co-worker ☐ Employee ☐ Other

I have served as the applicant's:

- ☐ Direct Supervisor ☐ Instructor ☐ Employer ☐ Co-worker ☐ Other

Please give us your appraisal of the applicant in terms of the qualities below. Rate the applicant in comparison to other graduate school applicants or other representative groups you have known.

	Top 5% Exceptional	Top 25% Above Average	Average	Lower 25% Below Average	Not Observed
Integrity					
Motivation for graduate work					
Ability to work independently					
Ability to work with others					
Written communication skills					
Oral communication skills					
Leadership potential					
Teaching performance					
Professional commitment					
Ability to solve problems					
Organizational skills					
Judgement					
Ability to motivate self and others					
Intellectual ability					

What do you consider to be the applicant's particular strengths or talents?

Please feel welcome to add any additional comments regarding the applicant's strengths and/or weaknesses in regard to successfully completing a graduate degree program.

Do you recommend this applicant for admission to a graduate degree program?

☐ Strongly recommend
 ☐ Recommend
 ☐ Recommend with reservation
 ☐ Do not recommend

May we contact you regarding this applicant? ☐ Yes ☐ No

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Organization: _____

Email _____ Phone: _____

RETURN THIS COMPLETED FORM TO:

University of Mary Washington • Office of Admissions • 121 University Blvd.
Fredericksburg, Virginia 22406-7239 • 540/286-8088 • Fax: 540/286-8085 • admissions.umw.edu • Email: graduate@umw.edu