



## **ADAM INTERNATIONAL UNIVERSITY**

1300 Pennsylvania Ave.  
McDonough, GA. 30253  
Office: 770-898-9655  
Fax: 770-898-3272

Email: [admissions@adamintluniversity.org](mailto:admissions@adamintluniversity.org)

### **GRADUATE APPLICATION FORM**

Your decision to apply to Adam International University is an indication of your interest in pursuing a global education. We, at Adam International University, are pleased to consider you as one of our global students.

A completed application requires that you take a few steps as you seek a global education. The first step is to complete the graduate admission process. The applicant must submit the following:

- Proof of bachelors degree, a minimum overall 2.5 GPA
- ..... Completed graduate admissions application
- Interview with admissions counselor
- ..... Two letters of references (at least letter from a professional in the field)
- ..... Letter stating why you wish to pursue a graduate degree
- ..... Official transcripts from all post-secondary schools attended - 2-year associate degrees and bachelor degrees and any other master degree
- ..... GMAT scores will be considered, but not required
- ..... If English isn't your first language, English proficiency (550 minimum TOEFL; Band 5 minimum CELPT; 69 minimum MTELP; or other evidence demonstrating English proficiency) is required
- Graduate application fee of \$50.00 USD

### **Mission Statement**

The mission of Adam International University is to provide its students with an innovative and supportive world-class education that is accessible and affordable. This educational opportunity is available to those who are desirous of pursuing lifelong learning and personal development, regardless of age, nationality or ethnic background. To accomplish this end, Adam International University will ensure that its educational opportunities will be of the highest quality, with ethical values at its core, and will be career-centered in its nature, intercultural in its focus and global in its scope. The University believes that those who complete its

programs will be able to lead, participate fully and prosper in the global marketplace of education, healthcare and international

### APPLICANT PERSONAL INFORMATION

man or submit the application, required materials, and a check or money order to the address cited above.

Prefix	<input type="text"/>		
First Name	<input type="text"/>	Last Name	<input type="text"/>
Suffix	<input type="text"/>	MI	<input type="text"/>
Nickname	<input type="text"/>		
Date of Birth	<input type="text"/>	Former Last Name	<input type="text"/>
SSN	<input type="text"/>		

### APPLICANT ADDRESS INFORMATION

Please enter your primary address.

Address Line 1	<input type="text"/>
Address Line 2	<input type="text"/>
City	<input type="text"/>
State/Province	<input type="text"/>
County	<input type="text"/>
Country	<input type="text"/>

Address Type

- Permanent
- Business
- Current

### APPLICANT CONTACT INFORMATION

Email Address	<input type="text"/>	<input type="text"/>
Phone Numbers	<input type="text"/>	Description
	<input type="text"/>	<input type="checkbox"/> Cellular <input type="checkbox"/> Business <input type="checkbox"/> Home
	<input type="text"/>	

**APPLICANT DEMOGRAPHIC INFORMATION**

Gender:     Male             Female

Ethnicity

Marital Status    Single             Divorced             Separated             Widowed             Married

Religion

Veteran Status

Retired?   

**APPLICANT ACADEMIC INFORMATION**

**Graduate Program of Interest:**  
I would like to pursue a(n):

Master of Business Administration  
 Executive Master of Business Administration

**Enrollment Status:**

First Time Student             Returning Student  
 Readmitted Student             Transfer Student

**Term of Interest:**  
I plan to enter the Graduate Program:

May             July             August  
 October             January             March            Year \_\_\_\_\_

**APPLICANT ACADEMIC INTERESTS**

Please note any academic program of interest that is not currently offered at AIU.

**TEST SCORES**

Test	Score	Date Taken
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**EMERGENCY CONTACTS**

Prefix

First Name  Last Name  MI

Suffix

Relationship  Phone Number

Prefix

First Name  Last Name  MI

Suffix

Relationship  Phone Number

**EMPLOYMENT**

List your most recent employment history

Employer  Position

Start Date

End Date

Employer

Position

Start Date

End Date

## EDUCATION HISTORY

High School (required)\*

Degree

Curriculum

Honors

Start Date

End Date

Institution Name

City

State

Country

Post-Secondary/ College

Degree

Curriculum

Honors

Start Date

End Date

Institution Name

City

State

Country

Degree  Curriculum   
Honors   
Start Date   
End Date   
Institution Name   
City  State  Country

**APPLICANT CITIZENSHIP INFORMATION**

Primary Citizenship   
Dual Citizenship   
Visa   
Country of Birth   
Primary Language   
Secondary Language

**INTERNATIONAL APPLICANT INFORMATION**

Visa Number   
Visa Country Issued   
Visa Expiration Date

Passport Number

Passport Country Issued

**SOURCE AND DECLARATION**

How did you hear about Adam International University?

**Declaration of Application Policy**

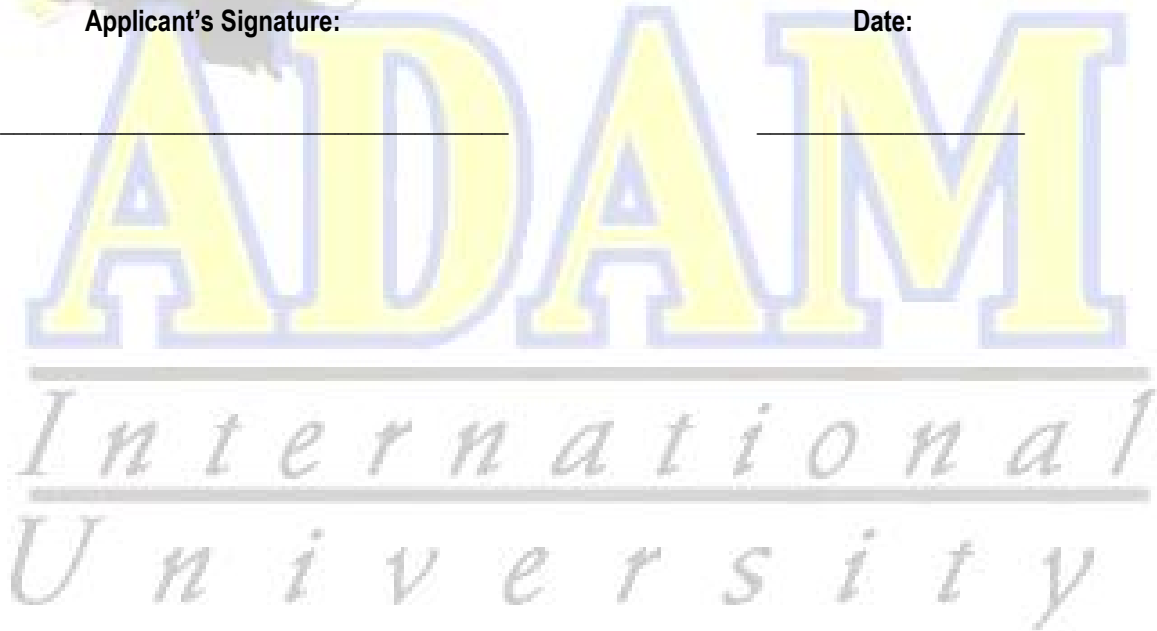
By signing below, I agree to the conditions above and verify that all information provided is true and complete to the best of my knowledge. Falsification of information may be grounds for dismissal at any time. If accepted as a student, I will comply with all the conditions, rules and regulations of the University. I authorize Adam International University where necessary to obtain from any other educational institution evidence of my academic record or seek other corroborating evidence with respect to my application.

**Applicant's Signature:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_



**FOR OFFICE USE ONLY**

Approved: Yes \_\_\_\_\_

No \_\_\_\_\_

Approved By: \_\_\_\_\_

Date of Approval: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature

Date