



MASTER OF  
ENGINEERING MANAGEMENT

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**APPLICATION FOR ADMISSION**  
TO THE GRADUATE DIVISION

Graduate Programs in Management  
Valparaiso University

College of Business Administration | College of Engineering  
(219) 465-7952

## APPLICATION MATERIALS CHECKLIST:

- Two paragraph cover letter stating professional goals.
- Current Resume
- Completed, signed Master of Engineering Management Application.
- \$30.00 Application Fee.
- Official transcripts of all higher education work completed.
- GMAT or GRE scores. Valpo's insyitution code is 1874.
- Two letters of recommendation

Please request that all transcripts be sent directly to:  
Valparaiso Univeristy  
Office of Graduate Studies  
1700 Chapel Drive  
116 Kretzmann Hall  
Valparaiso, IN 46383

## I. ENROLLMENT INFORMATION

Planned initial enrollment date: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer

Enrollment Year: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time

Have you previously applied for admission to Valparaiso University?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date \_\_\_\_\_ Program \_\_\_\_\_

Have you previously enrolled at Valparaiso University?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, date \_\_\_\_\_ Program \_\_\_\_\_

## II. PERSONAL INFORMATION

\_\_\_\_\_  
Last Name First Middle Previous Name

\_\_\_\_\_  
Social Security Email Address

\_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
Home Phone Work Phone Cell Phone

\_\_\_\_\_  
\*\*Citizenship (\*\*Internation Students must complete the International Student Application)

### III. EDUCATIONAL BACKGROUND

Please list all colleges and universities previously attended, beginning with the most recent. Official transcripts must be submitted directly from the institution to Valparaiso University.

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Institution Name	Location (City, State)	Dates Attended	Degree Received
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Have you ever been placed on academic probation or dismissed from any college, university, or professional school for any reason?

\_\_\_\_\_ No \_\_\_\_\_ Yes (if yes, please attach explanation)

### IV. EMPLOYMENT INFORMATION

Please list work experience beginning with most recent and attach a current resume.

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Organization Name	Location (City, State)	Dates of Employment	Title
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Organization Name	Location (City, State)	Dates of Employment	Title
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Organization Name	Location (City, State)	Dates of Employment	Title
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Are you eligible for tuition assistance through your employer?

\_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ Not Certain

### V. LETTERS OF RECOMMENDATION

Two letters of recommendation are required of all applicants. Please list the name of each reference below.

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Name	Organization	Title	Email	Phone
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Name	Organization	Title	Email	Phone
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## VI. OPTIONAL INFORMATION

Please list name and relationships of relatives who have attended or are currently attending Valparaiso University.

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Name	Relationship	Years Attended	Program
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Name	Relationship	Years Attended	Program
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Please list the following.

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Spouse's Name	Occupation
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How did you learn about Valparaiso University's Master of Engineering Management Program? (check all that apply)

College Adviser       Valpo Alumni       Professor  
 Printed Material       Reference Materials       Recruiter  
 Relative/Friend       Religious Organization       Website

Please order the factor(s) (1=most important) that will affect your choice for graduate school.

Reputation       Accreditation       Program of Study  
 Cost/Value Ratio       Location       Other

The following information is used for statistical purposes only.

Date of Birth \_\_\_\_\_ Gender  Male  Female

Ethnic Background:

Asian       American Indian/Alaskan  
 Black/African American       Hawaiian/Pacific Islander  
 Hispanic/Latino       Mexican American  
 White       Other  
 Multiracial (please list) \_\_\_\_\_

Are you an active member of a church?

No, list religious preference \_\_\_\_\_  
 Yes, list denomination \_\_\_\_\_

## VII. SIGNATURE REQUIRED

"I submit this application as a true and complete statement of facts for your consideration."

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Signature of Applicant

Date



# RECOMMENDATION FORM

VALPARAISO  
UNIVERSITY

### APPLICANT:

Please complete this section and give this form to the person making the recommendation, together with a stamped, pre-addressed envelope.

**Applicant's Name** (print): \_\_\_\_\_

**Academic Program** (print): \_\_\_\_\_

**Recommender's Name** (print): \_\_\_\_\_

*The Family Education Rights and Privacy Act (20 U.S.C. 1232g) provides you with a right of future access to this recommendation once enrolled as a student. The Act also allows you to waive the right to access, but prohibits the Office of Graduate Studies from requiring you to waive this right as a condition of admission or review and evaluation of an application for admission. If you waive your right to inspect this document, have your recommender enclosed the recommendation in a business envelope, seal, and sign across the back flap before returning it to you or the Office of Graduate Studies.*

Please select one of the following options and sign: I hereby  **waive**  **do not waive** my right.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO THE PERSON COMPLETING THIS RECOMMENDATION FORM:

The above named person has applied for admission to Graduate Studies at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of Graduate Studies in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program. We sincerely appreciate the time that you take to provide us with your comments.

#### SEND RECOMMENDATION FORM TO:

The Office of Graduate Studies, Kretzmann Hall Room 116, 1700 Chapel Drive, Valparaiso University, Valparaiso, IN 46383.

#### I. How long have you known the applicant and in what capacity?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### II. Please rate the applicant's abilities in comparison with others you have known at comparable stages of their careers.

	Outstanding	Above Average	Average	Below Average	Cannot Assess
Academic Potential					
Motivation for Graduate Study					
Independence of Thought					
Judgment/Maturity					
Creativity/Resourcefulness					
Character					
Ability to Work with Others					
Oral Communication					
Written Communication					

**III. We would appreciate additional comments. Please use the spaces below or separate sheet(s) of paper.**

A. Please describe what you consider to be the candidate's greatest strengths.

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B. Please describe areas in which the candidate would benefit from improvement.

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C. Additional observations about the candidate that could have a bearing on the candidate's ability to succeed in graduate study at Valparaiso University.

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D. I recommend this candidate highly. \_\_\_\_\_  
I recommend without reservation. \_\_\_\_\_  
I recommend with reservation. \_\_\_\_\_  
I do not recommend this candidate. \_\_\_\_\_

(Please indicate, if possible, the nature of your reservations. Use a separate sheet of paper if necessary.)

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**If you have questions about this form or other matters that you wish to discuss, feel free to contact the Dean of Graduate Studies (219-464-5313; 800-821-7685).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip

**Phone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Home



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VALPARAISO UNIVERSITY

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**Title:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip

**Phone:** (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Work Home