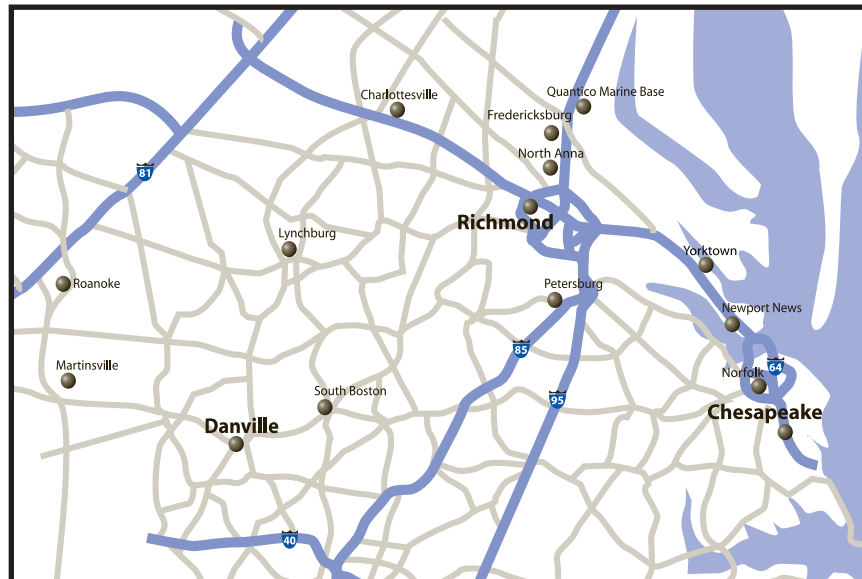


Averett *Application*



Graduate & Professional Studies



Administrative and Enrollment Offices

Southern Virginia Campus

133 Robertson Avenue
Danville, VA 24541
(800) 448-5233
fax: (434) 791-5872

Central Virginia Campus

4880 Cox Road, Ste. 101
Glen Allen, VA 23060
(800) 849-0115
fax: (804) 270-6335

Tidewater Virginia Campus

747 Volvo Parkway Ste. 101
Chesapeake, VA 23320
(888) 757-1100
fax: (757) 549-1848

Application For Admission

Bachelor of Business Administration

I verify that I have two years of full-time work experience. _____
Signature of applicant

Bachelor of Business Administration Human Resource Development

I verify that I have two years of full-time work experience. _____
Signature of applicant

Bachelor of Science in Aerospace Management

I verify that I have two years of full-time work experience. _____
Signature of applicant

Master of Business Administration

I verify that I have three years full-time work experience. _____
Signature of applicant

*All candidates are required to submit a current resume. If any of the work experience is part time please indicate on the resume.

PERSONAL INFORMATION

Name _____ Date _____
Last First M.I. Maiden (Surname)

SSN _____ E-mail _____

Address _____
Street and number City State Zip

Home Phone (____) _____ Work Phone (____) _____

Cell Phone (____) _____ Fax (____) _____

Are you a U.S. citizen? Yes No* _____
Country Visa type, #

* If you are not a U.S. citizen, send our office a copy of your Visa or permanent residence address.

TOEFL Score: _____

Desired Program Start Date (month) _____ Preferred Location: Danville

Lynchburg Martinsville – New College Institute Roanoke Charlottesville Richmond – Innsbrook

Richmond – Boulders Complex Petersburg – Richard Bland College Quantico Newport News

Fredericksburg Chesapeake Other _____

ACADEMIC INFORMATION

Name of High School _____ Graduation Date _____

City _____ State _____

GED _____ Year _____ Location _____

Please list **all** colleges attended, including Averett University. Use another sheet of paper if needed (Please do not abbreviate.)

College _____ Date _____ Degree Earned _____

City _____ State _____

College _____ Date _____ Degree Earned _____

City _____ State _____

Application continued

College _____ Date _____ Degree Earned _____

City _____ State _____

College _____ Date _____ Degree Earned _____

City _____ State _____

College _____ Date _____ Degree Earned _____

City _____ State _____

- I have access to a computer with word processing, graphical presentation software, spreadsheet capabilities, and Internet connectivity for academic use. Averett has adopted Microsoft 2000® as a standard program. Yes No
- If not, I agree to have access to computer with word processing, graphical presentation software, spreadsheet capabilities and Internet connectivity by the first night of class. Yes

Current Military Status Active Duty National Guard Active Military Family Member
 Reserve Veteran/Retired Military Not Applicable

Which Branch of Service _____

Demographic Data

Federal and State agencies request that we supply demographic data on applicants for admission to Averett University. To enable us to comply with these requests, we ask that you complete this optional section.

Birthplace _____ Date of Birth _____ Age _____

Gender: Male Female Marital Status: Single Married Divorced Widowed

Ethnicity: African American Caucasian Hispanic Native American Alaskan Native Asian/Pacific Islander

Religious Affiliation _____

Averett University reserves the right to change academic content, sequence and the tuition fee schedule at any time.

Have you ever been convicted of a felony? Yes No If yes, please explain on a separate sheet of paper. This question must be answered in order for your application for admission to be processed.

APPLICATION FEE

Return this application with a \$50.00 application fee (check or money order) made payable to Averett University. This application fee is non-refundable and is paid by all applicants.

I attest that all the information provided is true and complete to the best of my knowledge. I understand that false information will jeopardize my admission to and continuation in these Averett programs.

Signature of applicant

Date

Averett University admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The University does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its policies, scholarships and loan programs, and athletic and other school administrated programs. The University is also committed to non-discrimination on the basis of handicap or religion.

UPON COMPLETION return this application to:

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Application For Admission

Master of Education Curriculum and Instruction

Meeting one of the following criteria is a requirement for admission into the M.Ed. Program. Please check the appropriate box:

- Teacher currently holding a Collegiate Professional license from a state Department of Education
- Provisionally licensed by the Virginia Department of Education
- Private school educators not currently licensed by the Virginia Department of Education
- Teaching Assistant, substitute teacher, or other professional employed in a primary or secondary school setting
- Employed on a full-time basis as either a corporate trainer or corporate training manager

The Master of Education Program does not lead to licensure. If you are not currently licensed please acknowledge that you understand our program will not lead to licensure by your signature: _____

Please review our criteria on teaching and work experience. For those applicants who possess a Professional Collegiate license issued by a state Department of Education, no teaching experience is required. For individuals without full licensure, applicants must demonstrate at least one year of experience as a primary or secondary school classroom teacher or three years of experience in a related field. Please identify which of the criteria you meet: _____

Test scores from one of the following standardized tests must be submitted for admission: the core battery of the National Teacher Examination, Praxis (or the standardized test mandated by the State of Virginia), the aptitude test of the Graduate Record Examination, Virginia Reading Assessment, or the Miller Analogies Test.

*All candidates are required to submit a current resume.

If any of the work experience is part-time please indicate on the resume.

PERSONAL INFORMATION

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Last First M.I. Maiden (Surname)

SSN _____ E-mail _____

Address _____
Street and number City State Zip

Home Phone (____) _____ Work Phone (____) _____

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Are you a U.S. citizen? Yes No* _____
Country Visa type, #

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Desired Program Start Date (month) _____ Preferred Location: Danville

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College _____ Date _____ Degree Earned _____
City _____ State _____
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City _____ State _____
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Signature of applicant

Date

Averett University admits students of any sex, race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The University does not discriminate on the basis of sex, race, color, national and ethnic origin in administration of its policies, scholarships and loan programs, and athletic and other school administered programs. The University is also committed to non-discrimination on the basis of handicap or religion.

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fax: (757) 549-1848

Letter of Recommendation (Please print or type)

All completed Letters of Recommendation must be sent to Averett University

I. INFORMATION (To be completed by applicant)

A. _____
Last *First* *Middle*

_____ *Address*

_____ *City* *State* *Zip*

_____ *SSN*

- B. I waive my right to review the comments made by the person giving recommendation.
 I do not waive my right to review the comments.

I attest that all the information provided is true and complete to the best of my knowledge. I understand that false information will jeopardize my admission to and continuation in these Averett University programs.

II. RECOMMENDATION (To be completed by professional reference)

A. _____
Name of individual giving recommendation

_____ *Position or Title of Individual* *Professional relation to applicant*

(_____) _____ *Telephone* (_____) _____ *Fax*

_____ *Signature* _____ *Date*

- B. How well do you know the applicant? Somewhat Well Very well
- C. In your opinion, is the applicant qualified for admission into this program? Yes No

Please explain _____

D. This program requires initiative and the ability to work alone and in a group. Please rank the applicant according to the following criteria by checking the applicable box.

	UNKNOWN	LOW	MEDIUM	HIGH
Initiative in work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to get along with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work within a group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to manage time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to apply theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

Signature of applicant

Date

Letter of Recommendation continued

F. Return to:

The Admission Committee and the applicant greatly appreciate the time and effort required of you to provide this information. The applicant will not be considered for admission until this recommendation is received. Please use an additional sheet if you need more space.

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Signature of applicant

Date

Letter of Recommendation continued

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REQUEST FOR OFFICIAL TRANSCRIPT (Please print or type)

Attention Registrar: Please include a grading scale with all transcripts.

Send To: Averett University (Check appropriate box)

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133 Robertson Avenue
Danville, VA 24541
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747 Volvo Parkway Ste. 101
Chesapeake, VA 23320
(888) 757-1100
fax: (757) 549-1848

_____	_____	_____	_____
<i>Name of student</i>	<i>Maiden (surname)</i>	<i>SSN</i>	<i>Date of birth</i>
_____	_____	_____	_____
<i>Name of college/university</i>	<i>Date attended</i>	<i>Signature of student</i>	<i>Date</i>



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_____	_____	_____	_____
<i>Name of college/university</i>	<i>Date attended</i>	<i>Signature of student</i>	<i>Date</i>



Military Scholarship Application

Name _____ Date _____
Last First M.I. Maiden (surname)

SSN _____ E-mail _____

Address _____
Street and number City State Zip

Home Phone (_____) _____ Work Phone (_____) _____ Fax (_____) _____

Military Installation Organization _____

ELIGIBILITY CRITERIA (Check all that apply)

STATUS

- Active
- Reserve
- National Guard
- DoD or Military Service
- Dependent: _____
 - Spouse
 - Son/Daughter
- Honorably Discharged/Retired Veteran

SERVICE

- US Army
- US Navy
- US Marine Corps
- US Air Force
- US Coast Guard
- Department of Defense
- Department of Transportation (USCG Only)
- Department of Military Affairs (VA/DC)

PROGRAM (Current or projected)

Graduate and Professional Studies Program: BBA BSAM MEd MBA

Cluster _____ Start Date _____

Campus Location _____

I understand that separation from active participation in a military or civilian status will terminate my eligibility for this scholarship. I have attached valid copies of the required supporting documents for verification of eligibility.

Signature Date

See reverse for required supporting material. ►

AVERETT UNIVERSITY USE ONLY

___ Approved _____ Disapproved, remarks: _____

Signature Date

IDEAL _____ Traditional _____

Military Scholarship Application continued

REQUIRED SUPPORTING DOCUMENTS

MILITARY PERSONNEL

Military Identification Card, DD Form 2 (pink or green)

DEPARTMENT OF DEFENSE (DOD) OR MILITARY SERVICE PERSONNEL

Service Identification Card

or

Current Personnel Action, Form SF 50, Personnel Action

MILITARY VETERAN

DD Form 214, Certificate of Release or Discharge from Active Duty

STATE CIVILIAN PERSONNEL (National Guard)

Signed statement from National Guard Education Services Officer

FAMILY MEMBERS

Copy of sponsor's identification (above)

and

Signed statement from sponsor indicating individual is claimed as dependent family member on most recent federal income tax returns.

A copy of the documents must be attached to the application.