



**COASTAL CAROLINA
UNIVERSITY**

**E. CRAIG WALL SR. COLLEGE
OF BUSINESS ADMINISTRATION**

**APPLICATION for
GRADUATE ADMISSION**

INTRODUCTION

Thank you for your interest in the Master of Business Administration (MBA) degree program at Coastal Carolina University.

The Master of Business Administration is a 36-hour graduate degree program that provides study of major areas of business encompassing the disciplines of accounting, finance, economics, management and marketing. The program balances an applied service sector focus with a strong grounding in finance and accounting. Students are actively involved in coursework through case studies, simulations, and research in discipline-specific databases. A research project is required.

The MBA program includes a concentration in accounting to prepare students for careers in public accounting, income taxation, corporate accounting, and the not-for profit sector. Successful completion of all requirements for the accounting concentration will satisfy the education requirements for CPA candidacy.

SUBMISSION OF REQUIRED CREDENTIALS

All graduate applications must first be processed through the Office of Admissions. Please submit your application and all information requested to:

Office of Admissions
Coastal Carolina University
P.O. Box 261954
Conway, SC 29528-6054

Once your application is complete, it will be forwarded to the Graduate Admissions Office of the Wall College of Business.

Your application cannot be considered until your non-refundable \$45 application fee and all the following required credentials are received:

► **APPLICATION AND FEE** The application form and the non-refundable \$45 application fee.

► **TRANSCRIPTS** You must submit an official transcript from every institution you have attended. Receipt of a baccalaureate and/or higher degree must be clearly indicated on the transcript from the awarding institution. Official transcripts are those sent by the registrar of a college or university directly to the Office of Admissions. The Office of Admissions does not request transcripts from any institution.

► **GRADUATE MANAGEMENT ADMISSIONS TEST (GMAT) SCORES** Your GMAT test scores must be submitted before your application can be processed. Test scores must include your score on the Analytical Writing Assessment. International students whose native language is not English must also submit scores on the Test of English as a Foreign Language [TOEFL].

► **LETTERS OF RECOMMENDATION** At least two letters of recommendation are required with your graduate application. Forms for letters of recommendation are provided in this application packet. References should mail completed forms directly to the Office of Admissions, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054.

► **PREREQUISITES** You must complete 24 hours of prerequisites with an average grade of B or better before you can be admitted to the MBA program. You must have successfully completed the following courses within the last five years:

- Financial and Managerial Accounting: 6 credit hours
- Macro- and Microeconomics: 6 credit hours
- Business Finance*: 3 credit hours
- Business Statistics: 3 credit hours
- Principles of Marketing*: 3 credit hours
- Principles of Management*: 3 credit hours

Courses marked with an asterisk (*) are junior courses taught at the 300 level or above.

► **ACCOUNTING CONCENTRATION** In order to be admitted to the MBA accounting concentration, you must have successfully completed 15 hours in accounting in addition to the prerequisites listed above, for a total of 21 hours in accounting.

APPLICATION DEADLINES

Priority consideration for admissions will be given to completed applications received by these dates:

Term	Application postmark deadline
Fall Semester	March 15
Spring Semester	October 15

IMPORTANT TELEPHONE NUMBERS

Office of Graduate Studies (843) 349-2394
Wall College of Business Admissions Office (843) 349-2656

Office of Admissions • Coastal Carolina University

P.O. Box 261954 • Conway, South Carolina 29528-6054 • (843) 349-2170 • 1-800-277-7000 • www.coastal.edu

Residency Information

All applicants who claim South Carolina residency for tuition and fee purposes are required to complete the following information.

Coastal Carolina University is required under South Carolina Law 59-112 to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residence status. Additional information may be requested if further clarification is needed.

PART A. STUDENT BACKGROUND

LAST NAME

SOCIAL SECURITY NUMBER

 - -

FIRST NAME

HOME TELEPHONE

PERMANENT ADDRESS (SKIP ONE BOX BETWEEN NUMBER AND STREET)

P.O. BOX, RFD, STREET

CITY

STATE

ZIP CODE

ZIP+FOUR

LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE MOST CURRENT ADDRESS.

Address

City

State

Dates: From (mm/yy)

To (mm/yy)

Address

City

State

Dates: From (mm/yy)

To (mm/yy)

PART B. RESIDENCY ISSUES

If the following questions are not completely answered you will be considered an OUT-OF-STATE STUDENT for tuition and fee purposes.

- DO YOU CLAIM SOUTH CAROLINA AS YOUR RESIDENCE FOR TUITION PURPOSES? Yes No
- WHO CLAIMED YOU FOR INCOME TAX PURPOSES DURING THE PAST 12 MONTHS? Self Other; if other, list name and relationship

LAST NAME

RELATIONSHIP

COMPLETE THE FOLLOWING (A-F) FOR THE INDIVIDUAL LISTED IN QUESTION 2.

- a. HOW LONG HAS THIS INDIVIDUAL RESIDED IN SOUTH CAROLINA? Years Months

- b. LIST ALL ADDRESSES WHERE THIS INDIVIDUAL HAS LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE CURRENT ADDRESS.

Address

City

State

Dates: From (mm/yy)

To (mm/yy)

Address

City

State

Dates: From (mm/yy)

To (mm/yy)

- c. IF THIS INDIVIDUAL MOVED TO SOUTH CAROLINA WITHIN THE PAST FIVE YEARS WHAT PROMPTED THEIR MOVE TO THIS STATE?

Education Employment Other - specify

- d. PREVIOUS STATE OR COUNTRY OF RESIDENCE:

- e. DRIVERS LICENSE: State Date issued (mm/yy) This is (check one) New Renewed Expiration date (mm/yy)

- Vehicle registration: State Date issued (mm/yy) Active voters registration: State Date issued (mm/yy)

- f. HAS THIS INDIVIDUAL BEEN EMPLOYED IN SOUTH CAROLINA WITHIN THE PAST 12 MONTHS? Yes No If yes, list employer's information:

Dates: From (mm/yy) To Employer

Full time or Part time City State

Telephone

3. IF CLAIM FOR IN-STATE TUITION IS BASED UPON ACTIVE MILITARY ASSIGNMENT IN SOUTH CAROLINA, COMPLETE THE FOLLOWING INFORMATION: Documentation verifying military assignment must be submitted.

- a. person on active duty in service: Self Spouse Parent / Guardian

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to disqualification of my application for admission to Coastal Carolina University.

SIGNATURE

DATE



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RECOMMENDATION FOR GRADUATE SCHOOL ADMISSION E. CRAIG WALL SR. COLLEGE OF BUSINESS ADMINISTRATION

TO BE COMPLETED BY APPLICANT:

Legal name _____
Last First Middle or Maiden

Social Security number _____

If you prefer this to be a confidential letter of reference, you must sign and date the waiver of access below.

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Rights and Privacy Act of 1974, a student enrolled at Coastal Carolina University has access to his or her educational records. The University's record policies comply with this law, while still allowing the student the option of waiving the right of access. To waive the right to examine this recommendation, please sign below. If left unsigned, you will have access to this document upon enrollment at Coastal Carolina University. The decision you make in no way affects the consideration of your application.

I hereby waive my right of access to any information contained on this recommendation form.

Signed _____ Date _____

Letter of Recommendation Request

You have been listed as a reference for the applicant above who is applying for Graduate Admission at Coastal Carolina University. Please complete this form at your earliest convenience as the applicant's record cannot be reviewed without this information. This form may be examined by the applicant upon request unless the Waiver of Access above is signed. **Please return this completed form to Coastal Carolina University, Office of Admissions, P.O. Box 261954, Conway, SC 29528-6054.**

TO BE COMPLETED BY RECOMMENDER:

Date _____ Signature _____

Name _____ Title _____

Address _____

1. Knowledge of the Applicant

- Approximately how long have you known the applicant? _____ Years
- How well do you feel you know the applicant? Casually Well Very well
- What is the nature of your contact with the applicant?

<input type="checkbox"/> Teacher in one class	<input type="checkbox"/> Major adviser	<input type="checkbox"/> Employer
<input type="checkbox"/> Teacher in more than one class	<input type="checkbox"/> Research adviser	<input type="checkbox"/> Other (specify)

(continued on back of page)

RECOMMENDATION FOR GRADUATE SCHOOL ADMISSION • PAGE 2

2. Give your opinion of the applicant's qualifications (i.e., intellectual ability, academic preparation, motivation, work habits) for graduate work.

3. Where would you rank this student with other seniors who are currently in your department? *Faculty recommendations only*
 lower 25% middle 25% upper 25% highest 10% highest 5%

4. Additional remarks. *Use an additional sheet of paper if necessary.*



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