



**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 Graduate Studies. Please submit your application and all information requested to:

Office of Graduate Studies
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 Graduate Studies. The Office of Graduate Studies 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 Graduate Studies, 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.

► **A RESUMÉ**

APPLICATION DEADLINES

Priority consideration for admission 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

Wall College of Business Admissions Office (843) 349-2469
Office of Financial Aid (843) 349-2313

Office of Graduate Studies • Coastal Carolina University

P.O. Box 261954 • Conway, South Carolina 29528-6054 • (843) 349-2394 • 1-800-277-7000 • www.coastal.edu/graduate



Application for Graduate Admission (MBA)

A non-refundable application fee of \$45 is required with this application.

INSTRUCTIONS: Pages 2-4 of this document MUST be completed online using the computer keyboard. Then, print the entire document, sign and date pages 3 and 4, and mail or bring pages 2-4 to the Office of Graduate Studies. Forward the printed *Letter of Recommendation* form to the individuals of your choice and ask them to complete and forward each Letter of Recommendation to the Office of Graduate Studies.

1. I WISH TO BEGIN GRADUATE STUDY AT COASTAL CAROLINA UNIVERSITY: FALL SEMESTER YEAR _____ FULL-TIME
 SPRING SEMESTER PART-TIME

2. SOCIAL SECURITY NUMBER _____

3. LEGAL NAME: LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____ SUFFIX (JR., III, IV) _____

4. MAIDEN OR FORMER NAME USED AT OTHER COLLEGES _____

5. PERMANENT ADDRESS

P.O. BOX, RFD, STREET _____

CITY _____ STATE _____ ZIP CODE _____ ZIP +FOUR _____

COUNTY _____

6. HOME TELEPHONE (_____) _____

7. E-MAIL ADDRESS _____

8. DO YOU CLAIM SOUTH CAROLINA AS YOUR RESIDENCE FOR TUITION PURPOSES? YES (If YES, you must complete Page 4 of this application.) NO

9. DATE OF BIRTH (MM/DD/YY) _____

10. SEX: MALE FEMALE

11. ETHNIC ORIGIN The Office of Civil Rights, Department of Education, requires that you identify yourself as one of the following:

- Asian, Native Hawaii or Pacific Islander – AP
- Black or African American – B
- White – W
- American Indian or Alaskan Native – AI
- Hispanic or Latino – H
- Other – U _____

12. EMERGENCY CONTACT INFORMATION

(CHECK RELATIONSHIP TO YOU): PARENT SPOUSE GUARDIAN OTHER _____

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____ SUFFIX (JR., III, IV) _____

HOME/PERMANENT ADDRESS

P.O. BOX, RFD, STREET _____

CITY _____ STATE _____ ZIP CODE _____ ZIP +FOUR _____

COUNTY _____

HOME TELEPHONE (_____) _____ WORK TELEPHONE (_____) _____

13. **DEGREE SOUGHT**

- M.B.A.
- M.B.A. with concentration in accounting

14. **TESTS:** Give dates you have taken or will take the GMAT.
GRADUATE MANAGEMENT ADMISSIONS TEST (GMAT)

DATE 1 (MM/DD/YY) _____ DATE 2 (MM/DD/YY) _____

15. **COLLEGE(S) ATTENDED:** List below all colleges attended, current or most recent first, and ask the institution(s) to forward an official transcript of your work directly to the Office of Graduate Studies, Coastal Carolina University.

Name of school (full name) _____ State _____

Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____

Name of school (full name) _____ State _____

Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____

Name of school (full name) _____ State _____

Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____

Name of school (full name) _____ State _____

Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____

FOR INTERNATIONAL STUDENTS ONLY

15. I AM AN INTERNATIONAL STUDENT. YES NO

I AM SEEKING AN F-1 STUDENT VISA. YES NO

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

I AM A PERMANENT RESIDENT OF THE UNITED STATES. YES NO

ALIEN REGISTRATION NUMBER (include a copy of Green Card) _____

WILL YOU NEED A CERTIFICATE OF ELIGIBILITY (FORM 1-20) FROM THE UNITED STATES IMMIGRATION AND NATURALIZATION SERVICE?
 YES NO

WHAT TYPE OF VISA DO YOU HOLD? _____

WHAT IS THE EXPIRATION DATE ON YOUR ARRIVAL-DEPARTURE CARD? (FORM I-94) (MM/DD/YY) _____

HAVE YOU TAKEN OR DO YOU PLAN TO TAKE THE TOEFL TEST? YES NO

Non-native English speaking students are required to submit official TOEFL scores.

TESTING DATES

DATE 1 (MM/DD/YY) _____ DATE 2 (MM/DD/YY) _____ DATE 3 (MM/DD/YY) _____

ARE YOU CURRENTLY RESIDING IN THE UNITED STATES AND ATTENDING A UNIVERSITY? YES NO If YES, you must submit an International Student Clearance Form.

ALL INTERNATIONAL STUDENTS ARE REQUIRED TO SUBMIT A CONFIDENTIAL FINANCIAL STATEMENT/LETTER OF GUARANTEE.

Both the Confidential Financial Statement/Letter of Guarantee and the International Student Clearance Form can be obtained online at: www.coastal.edu/graduate.

My signature below is my promise that, should I enroll at Coastal Carolina University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibility as outlined in the University's Student Handbook.

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.

Print name _____ Social Security number _____

Signature _____ Date _____

Domicile 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

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 - Each item below, items 1 through 2g, MUST be completed.

1. DO YOU CLAIM SOUTH CAROLINA AS YOUR RESIDENCE FOR TUITION PURPOSES? Yes No

2. WHO CLAIMED YOU FOR INCOME TAX PURPOSES DURING THE PAST 12 MONTHS? Self Other; if other, list name and relationship

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____

2a. HOW LONG HAS THE PERSON LISTED IN ITEM 2 RESIDED IN SOUTH CAROLINA? Years _____ Months _____

2b. LIST ALL ADDRESSES WHERE THE PERSON LISTED IN ITEM 2 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) _____

2c. IF THE PERSON LISTED IN ITEM 2 MOVED TO SOUTH CAROLINA WITHIN THE PAST FIVE YEARS, WHAT PROMPTED HIS/HER MOVE TO THIS STATE?

Education Employment Other - specify _____

2d. PREVIOUS STATE OR COUNTRY OF RESIDENCE OF PERSON LISTED IN ITEM 2: _____

2e. DRIVERS LICENSE OF PERSON LISTED IN ITEM 2:

State _____ Date issued (mm/yy) _____ This is (check one) New Renewed Expiration date (mm/yy) _____

Vehicle registration: State _____ Date issued (mm/yy) _____

Active voter's registration: State _____ Date issued (mm/yy) _____

2f. HAS THE PERSON LISTED IN ITEM 2 BEEN EMPLOYED IN SOUTH CAROLINA WITHIN THE PAST 12 MONTHS? Yes No If yes, list employer's information:

Dates: From (mm/yy) _____ To (mm/yy) _____ Employer _____

Full time or Part time City _____ State _____

Telephone (_____) _____

2g. IF CLAIM FOR IN-STATE TUITION IS BASED UPON ACTIVE MILITARY ASSIGNMENT IN SOUTH CAROLINA OF THE PERSON LISTED IN ITEM 2, 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 the Office of Graduate Studies, Coastal Carolina University, 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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