

# APPLICATION FOR UTD-SJTU MS FINANCE PROGRAM

Academic year that you are applying for: \_\_\_\_\_

Term applying for:  Fall  Spring

## Personal Information

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

Please list any other name(s) under which your transcripts may be listed:

\_\_\_\_\_  
Current Address:

\_\_\_\_\_  
City State (Province) Zip Code Country Home Phone

\_\_\_\_\_  
Permanent Address:

\_\_\_\_\_  
City State (Province) Zip Code Country Home Phone

Home Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Identification Number: \_\_\_\_\_

Ethnicity:  American Indian/Native American

Asian/Pacific Islander

Marital Status:  Married  Single

Black Non-Hispanic

Gender:  Female  Male

Hispanic

White Non-Hispanic

Information about ethnicity is requested so that the university may demonstrate compliance with Title IV of the 1964 Civil Rights Act. Information about marital status is requested for statistical purposes only.

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## RESIDENCY AND CITIZENSHIP INFORMATION

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How long at current address? \_\_\_\_\_ Years      \_\_\_\_\_ Months

If less than 12 months, list address(es) with date(s) you lived at those residences to show residence for prior 12 months.

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Street Address	City/County	State (Province)	Country	Zip Code	From/To
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Street Address	City/County	State (Province)	Country	Zip Code	From/To
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I  have /  have not resided in Texas for the prior twelve months. (This statement has no bearing on your application or the cost of the program. If you are admitted, a later determination of official residence may be required for internal university accounting purposes.)

City/State (Province)/Country of Birth: \_\_\_\_\_

Are you a citizen of the United States?  Yes     No    If no, Country of Citizenship: \_\_\_\_\_

If you were born abroad and are a U.S. Citizen, please submit a photocopy of your U.S. Passport or naturalization certificate.

Are you a permanent resident?  Yes     No    If yes, please submit a photocopy of your PR card front and back and a copy of your passport. If not, indicate type of visa held \_\_\_\_\_. Please submit photocopy of current visa.

## WORK EXPERIENCE

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Company: \_\_\_\_\_ Dates: \_\_\_\_\_  
Contact (Name, email, phone number) : \_\_\_\_\_

Functional Category:     Consulting     Finance/Accounting     General Management     IT/MIS  
(Circle one)             Human Resources     Marketing             Operations/ Production  
 Other: \_\_\_\_\_

Company: \_\_\_\_\_ Dates: \_\_\_\_\_  
Contact (Name, email, phone number) : \_\_\_\_\_

Functional Category:     Consulting     Finance/Accounting     General Management     IT/MIS  
(Circle one)             Human Resources     Marketing             Operations/ Production  
 Other: \_\_\_\_\_

## EDUCATIONAL INFORMATION

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In reverse chronological order, list all colleges, universities and other educational institutions you have attended since secondary school:

Name and Location	Dates Attended	Major	Degree	G.P.A
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Have you ever been on academic probation or been dismissed from any college or university?  Yes  No

Have you ever applied for admission to The University of Texas at Dallas?  Yes  No If yes, for admission in what semester and year \_\_\_\_\_?

### Standard Tests

TOEFL: \_\_\_\_\_ (Reading: \_\_\_\_\_, Listening: \_\_\_\_\_, Speaking: \_\_\_\_\_, Writing: \_\_\_\_\_ )

GMAT: \_\_\_\_\_ (Analytical: \_\_\_\_\_, Quantitative: \_\_\_\_\_, Verbal: \_\_\_\_\_ )

GRE : \_\_\_\_\_ (Verbal: \_\_\_\_\_, Quantitative: \_\_\_\_\_, Analytical: \_\_\_\_\_ )

IELTS: \_\_\_\_\_ PTE: \_\_\_\_\_

Please list 3 evaluators who will submit letters of recommendation in support of your application.

Name	Title	Institution	Telephone Number
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Name	Title	Institution	Telephone Number
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Name	Title	Institution	Telephone Number
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## PERSONAL STATEMENT

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Please state your career path, what motivated you to pursue finance study and how you have prepared.

I certify that all information and statements provided are, to the best of my knowledge, accurate and complete. I understand that all information provided will be held in strict confidence by The University of Texas at Dallas. Any items submitted in conjunction with this application will not be returned or transferred.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## REQUEST FOR RECOMMENDATION

### The University of Texas at Dallas

#### Section 1: To be completed by the applicant

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Applicant's Name

Previous Name (if any)

Email Address

Telephone number

In accordance with The Family Education Rights and Privacy Act of 1974, materials in students' files, such as recommendation forms, are open to inspection upon request, unless the student has waived the right of access in advance. Please indicate your wish by completing and signing the statement below. Your right to review the recommendation is considered waived if you do not respond.

I hereby waive  my right to access  retain my right to access \_\_\_\_\_

Applicant's signature

Date

#### Section 2: To be completed by the recommender

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Please rate the applicant along the following dimensions and attach a letter of recommendation for this applicant.

Academic ability:             Strong         Average         Weak             Unknown

Professional Demeanor:     Strong         Average         Weak             Unknown

People Skills:                 Strong         Average         Weak             Unknown

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

Additional Comments:

Evaluator Name

Title

Institution

Address

City

State(Province)

Country

Zip Code

Telephone Number

Fax Number

Email

Signature

Date

# REQUEST FOR RECOMMENDATION

## The University of Texas at Dallas

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I hereby waive  my right to access  retain my right to access \_\_\_\_\_  
Applicant's signature Date

### Section 2: To be completed by the recommender

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Please rate the applicant along the following dimensions and attach a letter of recommendation for this applicant.

Academic ability:	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Weak	<input type="checkbox"/> Unknown
Professional Demeanor:	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Weak	<input type="checkbox"/> Unknown
People Skills:	<input type="checkbox"/> Strong	<input type="checkbox"/> Average	<input type="checkbox"/> Weak	<input type="checkbox"/> Unknown

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

Additional Comments:

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Evaluator Name	Title	Institution		
Address	City	State(Province)	Country	Zip Code
Telephone Number	Fax Number		Email	
Signature			Date	

## REQUEST FOR RECOMMENDATION

### The University of Texas at Dallas

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Applicant's signature

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Please rate the applicant along the following dimensions and attach a letter of recommendation for this applicant.

Academic ability:             Strong         Average         Weak             Unknown

Professional Demeanor:     Strong         Average         Weak             Unknown

People Skills:                 Strong         Average         Weak             Unknown

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

Additional Comments:

Evaluator Name

Title

Institution

Address

City

State(Province)

Country

Zip Code

Telephone Number

Fax Number

Email

Signature

Date