APPLICATION FOR UTD-SJTU MS FINANCE PROGRAM

Academic year that you are applying for: ________________  Term applying for:  □ Fall  □ Spring

Personal Information

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  □ Black Non-Hispanic  □ Hispanic

□ Black Non-Hispanic  □ Hispanic  □ White Non-Hispanic

□ Asian/Pacific Islander  □ Black Non-Hispanic

□ Hispanic  □ White Non-Hispanic

□ American Indian/Native American

□ Black Non-Hispanic  □ Hispanic

□ 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

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.

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City/County</th>
<th>State (Province)</th>
<th>Country</th>
<th>Zip Code</th>
<th>From/To</th>
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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

Company: ___________________________________________  Dates: ______________________________
Contact (Name, email, phone number): __________________________________________________________

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<thead>
<tr>
<th>Functional Category:</th>
<th>□ Consulting</th>
<th>□ Finance/Accounting</th>
<th>□ General Management</th>
<th>□ IT/MIS</th>
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<td>□ Marketing</td>
<td>□ Operations/ Production</td>
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<td>□ Other: __________________________________________</td>
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Company: ___________________________________________  Dates: ______________________________
Contact (Name, email, phone number): __________________________________________________________

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# EDUCATIONAL INFORMATION

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

<table>
<thead>
<tr>
<th>Name and Location</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>G.P.A</th>
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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.

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PERSONAL STATEMENT

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_________________

The University of Texas at Dallas is an equal opportunity/affirmative action university.
REQUEST FOR RECOMMENDATION
The University of Texas at Dallas

Section 1: To be completed by the applicant

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

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
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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

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
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