

**Illinois State University Corporate MBA Program 2010-2012**  
**In Partnership with the McLean County Chamber of Commerce**

**Application Form**

1. Complete this application form and submit to:
 

Illinois State University  
 CMBA Program  
 Campus Box 5570  
 Normal, IL 61790-5570
  
2. Have two professional or academic references complete recommendation forms and send them to the above address. Please choose your references carefully. The persons completing these forms should be able to evaluate your professional or academic experience and potential.

**NOTE:** You should also submit a Graduate School Application and supporting materials to:
 

Illinois State University  
 Office of Admissions and Records  
 Campus Box 2200  
 Normal, IL 61790-2200

I. Name: Ms. / Mr. \_\_\_\_\_  
Last/Family Name
First
Middle

Present Address: \_\_\_\_\_  
Street/PO Box

\_\_\_\_\_ City State/Country Zip

Permanent Address (if different): \_\_\_\_\_  
Street/PO Box

\_\_\_\_\_ City State/Country Zip

E-Mail Address: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work/Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

FAX: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

II. Education

Colleges/Universities Attended	Years	Degree/Certificate Earned	Major/Minor
	-		/
	-		/
	-		/
	-		/

- III. Attach a current resume describing your professional experience. Identify for each position the employer, time period, your title, and your responsibilities.

IV. **Work Experience:** Please record your work experience in the spaces provided below. We appreciate your efforts in completing the charts; indicating “see resume” is not an acceptable response. (If more space is needed, please attach a separate sheet of paper.)

	Employer/Job Title	Total Full Time Work (≥ 37.5 hours/week)		Total Part Time Work (≥ 20 & < 37.5 hours/week)	
		Years	Months	Years	Months
1.					
2.					
3.					
4.					
5.					

Of the work experience listed above, please indicate work time related to each of the following categories.  
(Note: the years/months below may not total the above years/months as time among different categories overlaps.)

		Supervisory/Managerial		Client/Customer Service		International	
		Years	Months	Years	Months	Years	Months
1.	Job #1 Above						
2.	Job #2 Above						
3.	Job #3 Above						
4.	Job #4 Above						
5.	Job #5 Above						

V. GMAT Requirement (check one)

- I am submitting my official GMAT score.
- I am submitting a petition for GMAT Waiver (attach a completed petition form).

VI. On additional sheets, please provide typed statements on the following topics:

- a. Explain your professional goals and how the CMBA degree will help you achieve them.
- b. For each of the above categories in which you recorded years/months of experience (i.e., supervisory experience, client service experience, and international experience), please write a paragraph or two describing what you gained professionally from those experiences.

Illinois State University is an Equal Opportunity/Affirmative Action institution in accordance with Civil Rights Legislation and does not discriminate on the basis of race, religion, national origin, sex, age, handicap, or other factor prohibited by law in any of its educational programs, activities, admissions or employment policies. Concerns regarding this policy should be referred to the Affirmative Action Office, Illinois State University, Campus Box 1280, Normal, Illinois 61790-1280; phone: 309/438-7677. The Title IX Coordinator and the 504 Coordinator may be reached at the same address.

**CERTIFICATION**

This certification must be signed and dated by the applicant before action can be taken on this application.

I understand that withholding information on this admission application or giving false information may make me ineligible for admission to the University or subject to dismissal. I certify also that the statements I have made on this application and any additional application materials are correct and complete.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_