



Application for Admission
Graduate Business Certificate

Please mail or fax completed application form, unofficial transcripts, professional resume and writing sample to:

Daniels College of Business, Executive and Professional Programs
2044 East Evans Avenue., Room 340 • Denver, CO 80208
Fax: 303.871.4987 • Attention: Lisa Wuthrich • Phone: 303.871.2008

Applicant Information

Legal Name Last (surname or family name) First Middle

Former/Maiden Name

Home Address Street City State Zip

Company Name Title

Company Address Street City State Zip

Day Phone Evening Phone

E-mail Fax

Social Security Number (required for transcript)

Birth date Gender: male female

If you have been or are currently a student at the University of Denver, please provide the following:

Student ID Number Other names used as a student/applicant

Admission requested for autumn quarter winter quarter spring quarter summer quarter

- Accounting
Accounting for Business
Advanced Financial Reporting
Management Accounting & Accounting Systems
Audit & Accounting Systems
Financial Reporting & Taxation

- Management
Strategic Management
Human Resource Leadership & Development
International Management & Marketing
Values Based Leadership
Innovation and Entrepreneurship

- Finance
Foundations of Finance
Investments
Corporate Finance

- Marketing
Integrated Marketing Communications
Integrated Marketing Strategy
Supply Chain Management

- Business Intelligence
Business Intelligence

- Customized
(Upon approval)

NOTE: An overall GPA of 3.0 is required for this Certificate. Program requirements are subject to change without notice.

Educational History

| Name of School | City/State/Country | Dates of Attendance | Major | Degree/Date |
|----------------|--------------------|---------------------|-------|-------------|
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|----------------|--------------------|---------------------|-------|-------------|
|----------------|--------------------|---------------------|-------|-------------|

TOEFL score: _____ (Required for students who earned a degree from an institution outside of the United States. Please also fax or send an unofficial copy of your TOEFL score from ETS.)

Are you under suspension or have you been dismissed from any college or university? Yes No

If yes, explain. _____

Ethnicity

Our commitment to Affirmative Action policy requires us to report the ethnic origin of our students to the U.S. government. Please select one:

American Indian or Alaskan Native

African American

Hispanic American

Asian American or Pacific Islander

Caucasian

National Origin _____

Citizenship

U.S. Citizen

U.S. Permanent Resident

State of Legal Residence _____

Registration Number _____

International Applicant

If current in the U.S., indicate Visa type _____

Country of Citizenship _____

Writing Sample

Please write a short essay (250 words maximum) outlining your professional / personal / educational goals as they relate to this program, and comment on what you will add to the classroom environment, if accepted. Your essay will be assessed for clarity, organization, conciseness, and grammar. Your writing sample should be submitted on a separate sheet, with applicant name at the top.

Please Note

Acceptance into this program is dependant upon your previous education and work experience and does not imply that you have been accepted into a degree program at the Daniels College of Business. If in the future, you seek acceptance into a degree program, you will need to complete the required application materials at that time.

Applicant Signature

I certify that I am in good standing academically and financially in all colleges and universities attended, and that all information provided above is true and complete. I understand that this application form and all other records gathered for my admission files are confidential and will not be disclosed to me or any other person, except at the sole discretion of the Daniels College of Business. By signing this form, I agree that I understand and will comply with the university policies related to being a student at the University of Denver.

Signature: _____

Date _____



Recommendation Form for Graduate Certificate Applicants

Applicant Name: _____

Provide this form and one confidential self-addressed envelope to the person from whom you have requested a recommendation. Your recommender should enclose this completed form and any additional pages in the confidential envelope, seal and sign across the flap of the envelope, and return it to you. Return the envelope, unopened, with your application.

Recommender:

The person named above is applying to the graduate certificate program at the University of Denver, Daniels College of Business. The application process requires the applicant to provide one letter of recommendation, as well as other documents, that will assist in our evaluation of the candidate. The Admissions Committee places considerable emphasis on recommendations and comments provided by the persons selected by the applicant. Your candid responses to the questions below will greatly assist in the evaluation of the applicant.

This recommendation will be used only for admission purposes. This form will not be retained in any educational record should the above named applicant enroll at the University of Denver Daniels College of Business, and the applicant will not have access to the recommendation under the provisions of the Family Educational Rights and Privacy Act of 1974.

1. Indicate your overall evaluation of this applicant:

strongly recommend recommend recommend with reservations not recommend

2. Is the applicant's scholastic record an accurate index of his/her academic ability?

yes no don't know

3. Do you feel graduate study is appropriate for the applicant at this time? Why or why not?

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

5. What do you consider the applicant's primary talents/strengths and areas that need improvement or growth? Provide further comments that you feel will aid the committee in the evaluation of the applicant. If necessary, attach additional pages.

6. Using the numbering system shown below, rate the applicant in comparison with others of this age and position whom you have known.

Possible Ratings:

- 0 = unable to rate
- 1 = superior (top 5%)
- 2 = excellent (top 15%)
- 3 = above average (top 25%)
- 4 = average (top 50%)
- 5 = below average (lower 50%)

Qualities to be Rated:

- | | |
|---|--|
| <input type="checkbox"/> Leadership potential | <input type="checkbox"/> Ability to work with others |
| <input type="checkbox"/> Maturity | <input type="checkbox"/> Communication skills, verbal |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Communication skills, written |
| <input type="checkbox"/> Analytical skills | <input type="checkbox"/> Planning skills/time management |
| <input type="checkbox"/> Intellectual ability | <input type="checkbox"/> Personal integrity |
| <input type="checkbox"/> Creativity | <input type="checkbox"/> Self-confidence |

Signature _____ Date _____

Recommender Contact Information: (please print)

Name _____ Title _____
Company _____ Phone or email _____

Please place this completed recommendation form in a sealed envelope and sign it across the back seal. Return this recommendation to the candidate, and he/she will deliver it along with other application materials to the University of Denver. Thank you for your feedback.