

Graduate Programs Application Form

Academic Year	<input style="width: 90%;" type="text"/>	Term	<input style="width: 90%;" type="text"/>	Academic Program	<input style="width: 90%;" type="text"/>
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Applicant Information

Last Name:		<input style="width: 90%;" type="text"/>	
First & Middle Names:		<input style="width: 90%;" type="text"/>	
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Title:	Mr <input type="checkbox"/>	Ms <input type="checkbox"/>	Other: <input style="width: 50%;" type="text"/>
Nationality:		<input style="width: 90%;" type="text"/>	
Present Country of Residence:		<input style="width: 90%;" type="text"/>	
Date of Birth:	<input style="width: 50%;" type="text"/>	Place of Birth:	<input style="width: 50%;" type="text"/>
Are you currently in the military or have you ever been in the military in the U.S. Armed Forces?		Yes <input type="checkbox"/>	
National Id (State Id or Driver's License if a US Citizen):		<input style="width: 90%;" type="text"/>	
Do you have or need a visa to study in the US?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you Hispanic/Latino (including Spain)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Regardless of your answer to the prior question, please indicate how you identify yourself. Check one or more.	<input type="checkbox"/> American Indian or Alaska Native (including all Original Peoples of the Americas) <input type="checkbox"/> Asian (including Indian subcontinent and Philippines) <input type="checkbox"/> Black or African American (including Africa and Caribbean) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Original Peoples) <input type="checkbox"/> White (including Middle Eastern)		

Please let us know immediately if any of your contact details below change at any time during the application process

Mailing Address	Permanent Address (if different from mailing)	
Street & Number:	Street & Number:	
City:	City:	
Postal/Zip Code:	Postal/Zip Code:	
Country:	Country:	
Telephone:	Telephone:	
Fax Number:	Fax Number:	
E-mail:	E-mail:	
Mobile Phone:	EMERGENCY CONTACT INFORMATION [name(s), relationship to you, phone numbers]	
Are you employed full-time? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business Address		
Company/Organization:		
City:		
Telephone:		
Fax Number:		
E-mail:		
May we contact you at work by:		
Telephone?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Fax?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
E-mail?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Educational History

Please list all colleges and universities attended starting with the most recent:

Entry Date	Graduation Date	Institution & Country	Course of Study	Qualification obtained (diploma, certificate, etc)

Professional and Other Qualifications

Please list below all professional qualifications earned or additional training obtained, starting with the most recent:

Entry Date	Graduation Date	Institution & Country	Course of Study	Qualification obtained (diploma, certificate, etc)

Languages

Please list below any languages that you are familiar with and your native language:

Language	Spoken			Written			Qualification (major, certificate, diploma, other etc)
	Elementary	Good	Excellent	Elementary	Good	Excellent	

Your Native Language _____

If English is not your native language

Do you have documentation of English Proficiency? YES NO

If "yes" evidence? _____

If "no", when do you plan on obtaining documentation? _____

Professional Background

Employment Summary

Number of years of work experience at the start of the program

List positions starting with the most recent:

Dates		Company/Organization	Position	Full-time/Part-time	City & Country
From (M/Y)	Until (M/Y)				

Current Job Details

Job Title/Position Held:	
Company/Organization:	
Job Type:	

Please provide a brief description of your work and your main areas of responsibility:

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Letters of Reference

Please provide the name, position and address of two persons who will provide letters of recommendation for you: At least one of your referees must be a person who has been involved in supervising either your recent academic work or professional development.

Name:		Name:	
Company/Organization:		Company/Organization:	
Position:		Position:	
Address:		Address:	
Postal/Zip Code:		Postal/Zip Code:	
Telephone:		Telephone:	
Fax Number:		Fax Number:	
E-mail:		E-mail:	

Essay

All applicants are required to answer the following essay question, which is designed to present unique information about the candidate's values, aims and ambitions for the future. The essay should be *word-processed on a separate sheet of paper*, and should not exceed 150 words.

Question:

"What are your short-term and long-term professional goals and how will a Hellenic American University graduate degree assist you in achieving these goals?"

Optional Information

Which other colleges/universities (if any) are you applying to?

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How did you first hear about the Hellenic American University?

- | | | | |
|--------------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> Colleague | <input type="checkbox"/> Fair | <input type="checkbox"/> Employer | <input type="checkbox"/> World Wide Web |
| <input type="checkbox"/> Press | <input type="checkbox"/> Professor | <input type="checkbox"/> Advertisement | <input type="checkbox"/> HAUUniv Student |
| <input type="checkbox"/> Other _____ | | | |

Hellenic American University reserves the right to make inquiries concerning the accuracy of the information provided in the candidate's application. Decisions on admission are made in good faith on the basis of information provided by the applicant and his/her referees. If it is later discovered that false statements have been made or material information withheld or omitted, Hellenic American University reserves the right to withdraw an offer of admission or to terminate registration.

Declaration

I am applying for admission to Hellenic American University's graduate programs. I understand that the decision to admit rests with the University. If admitted, I agree to abide by the rules and regulations of the Hellenic American University and to pay all tuition, fees, and expenses incurred by me there. I also understand that my personal information and papers (including amendments) are stored as part of my student record electronically on a database and manually. All personal information is treated strictly according to the Hellenic American University Student Records Privacy Policy, as set forth in the University catalog. This policy requires that all information be accurate, obtained fairly, and not divulged to people without permission or authority. It gives me the right to check the information held and to correct it if necessary. I am aware of the conditions of admission and the University's expectations. I confirm that to the best of my knowledge, the information contained in my application is complete and accurate.

Signature of applicant: _____ Date: _____