



UNIVERSITY OF FORT LAUDERDALE

OFFICE OF ADMISSIONS
4093 NW 16TH STREET, LAUDERHILL, FL 33313
PHONE: (954) 486-7728 FAX: (954) 486-7667

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Thank you for your interest in University of Fort Lauderdale.

Please follow the instructions carefully and enclose the following items with your application:

1. A personal mission and leadership plan (double-spaced, 12-point font and 1,000 to 1,500 words).
2. Three (3) letters of recommendation.
3. Official transcripts from all colleges and universities attended.
4. Master's diploma(s).
5. Successful completion of UFTL's Doctoral Entrance Exam or equivalent (GRE, GMAT, LSAT, etc.)
6. A non-refundable \$50.00 application fee (check or money order payable to University of Fort Lauderdale). Please include your name and social security number on the check. Please **DO NOT** send cash. University of Fort Lauderdale vigorously pursues affirmative action and equal opportunity in its employment, activities and programs.

PERSONAL INFORMATION (Please type or print.)

Mr. Ms. Mrs.

Sex Male Female

Name Last _____ First _____ Middle _____

Former Name: _____

Date of Birth: _____ / _____ / _____
Month Day Year Place of Birth Social Security Number

Country of Citizenship: _____ Native Language: _____

Permanent Address City State Zip

Current Mailing Address City State Zip

Home Telephone: () _____ Work Number: () _____ E-mail: _____

Are you a UFTL employee? Yes No Are you a dependent of a UFTL employee? Yes No

Planned semester of enrollment: Fall Spring Summer Year _____

Do you expect to register as a full-time student? Yes No

Please specify your program of study: _____

If you have taken, or plan to take any of the following tests, indicate dates

- GRE (Graduate Record Exam) _____ / _____ / _____
Month Day Year
- GMAT (Graduate Admissions Test) _____ / _____ / _____
Month Day Year
- LSAT (Law School Admissions Test) _____ / _____ / _____
Month Day Year
- Other (please specify) _____ / _____ / _____
Month Day Year

List ALL colleges and universities (last listed first) regardless of length of attendance or work completed.

NAME OF INSTITUTION	CITY AND STATE	DATES ATTENDED (MO., YR.) TO (MO., YR.)	SEMESTER HOURS COMPLETED/CURRENTLY ENROLLED	DEGREE

Have you previously registered for course work at University of Fort Lauderdale? Yes No

If yes, please specify exact date of attendance: _____

Please list any relatives who are UFTL students or alumni. (Indicate relationship.) _____

OPTIONAL INFORMATION

Race/Ethnic Data: (Please check one)

- 1. American Indian or Alaskan Native
- 2. African American/Black (not of Hispanic origin)
- 3. Hispanic
- 4. Asian American or Pacific Islander
- 5. Caucasian/White (not of Hispanic origin)
- 6. Other (please specify): _____

Name and address of affiliated church

Pastor's Name: _____

Do you have any physical disabilities? Yes No

If yes, explain: _____

I certify that all information supplied by me in this application is correct and complete. I understand that any misrepresentation or falsification, including failure to report any college or university attendance, is sufficient cause for cancellation of enrollment and/or any credits earned from University of Fort Lauderdale.

Signature Date

Mailing Address:
University of Fort Lauderdale
Office of Admissions
4093 NW 16th Street
Lauderhill, Florida 33313
Phone (954) 486-7728 Fax: (954) 486-7667

FOR OFFICE USE ONLY		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Pending		
Remarks: _____		
Signature _____		Date _____