



UNIVERSITY OF FORT LAUDERDALE

OFFICE OF ADMISSIONS
4069 NW 16TH STREET, LAUDERHILL, FL 33313
PHONE: (954) 486-7728 FAX: (954) 486-7667

G
R
A
D
U
A
T
E

A
P
P
L
I
C
A
T
I
O
N

F
O
R

A
D
M
I
S
S
I
O
N

Thank you for your interest in University of Fort Lauderdale.

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

| MASTERS OF DIVINITY | MASTERS OF PASTORAL COUNSELING | MASTERS OF BUSINESS ADMINISTRATION (MBA) |
|---|---|---|
| Official transcripts from all colleges and universities attended | Official transcripts from all colleges and universities attended | Official transcripts from all colleges and universities attended |
| Bachelor's diploma(s). | Bachelor's diploma(s). | Bachelor's diploma(s). |
| Three (3) letters of recommendation. | Three (3) letters of recommendation. | Three (3) letters of recommendation. |
| A personal goal report (double-spaced, 12-point font and 1,000 words). | A personal goal report (double-spaced, 12-point font and 1,000 words). | A personal goal report (double-spaced, 12-point font and 1,000 words). |
| Successful completion of UFTL's Master's Entrance Exam or equivalent (GRE, GMAT, etc.) | Successful completion of UFTL's Master's Entrance Exam or equivalent (GRE, GMAT, etc.) | Successful completion of UFTL's Master's Comprehensive Exam or equivalent (GRE, GMAT, etc.) |
| All students' applying for this program must undergo and pass a criminal background check. Non-refundable \$10 fee. | All students' applying for this program must undergo and pass a criminal background check. Non-refundable \$10 fee. | N/A |
| All students applying for this program must undergo and pass a psychological evaluation prior to being admitted to the program. The exam must be conducted by a board certified, state licensed psychologist. Student is responsible for all associated fees. | All students applying for this program must undergo and pass a psychological evaluation prior to being admitted to the program. The exam must be conducted by a board certified, state licensed psychologist. Student is responsible for all associated fees. | N/A |
| A non-refundable \$40.00 application fee (check or money order payable to University of Fort Lauderdale). | A non-refundable \$40.00 application fee (check or money order payable to University of Fort Lauderdale). | A non-refundable \$40.00 application fee (check or money order payable to University of Fort Lauderdale). |

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

Have you ever been convicted or found guilty of violation and federal, state or local law/ordinance other than a traffic violation?
Yes No If yes, explain briefly:

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
- 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
4069 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 | <input type="checkbox"/> Provisional |
| Remarks: _____ | | | |
| Signature _____ | | Date _____ | |