

Application for Admission to the Rhodes College Master of Science in Accounting Program

Last Name	First Name	Middle Name
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Date of Birth	Social Security Number	Rhodes ID (if applicable)
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Citizen of	E-mail address
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Current Address	City	State	Zip
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Home Phone	Cell Phone	Work Phone
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Permanent Address <small>(if different from Current Address)</small>	City	State	Zip	Phone
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If currently employed, complete the following:
(Please describe other jobs held since graduation from college on a separate sheet of paper.)

Name of Employer	Nature of Business
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Your job title	Your job function
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Education

Please list all high schools and universities attended. Indicate whether you were a full-time or part-time student.

Name of Institution	Location	Dates (mo/yr)		Degree received
		From	to	Mo/yr:
High School		From	to	Mo/yr:
Undergraduate		From	to	Mo/yr:
Undergraduate		From	to	Mo/yr:
Graduate		From	to	Mo/yr:

Have you ever been suspended or expelled, or placed on probation for academic or disciplinary reasons? Yes No If yes, please explain on a separate sheet of paper.

Cumulative college GPA on a 4.00 scale (A=4.00, B=3.00, C=2.00, D=1.00): _____
Undergraduate Major: _____ Major GPA: _____

Activities

Please list in order of importance to you the activities in which you participated. (Use an additional sheet if necessary.)

A. Activities while in College/University

Activity	Office Held	Date Participated	# of Members	Hours/Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

B. Community/Civic Activities since College/University

Activity	Office Held	Date Participated	# of Members	Hours/Week
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Awards and Recognition

Please list honors, awards and distinctions: academic, community, professional, other.

Award/Recognition	Date	Basis of Selection
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Recommendations

Please list the three people you have asked for recommendations.

Name Position/Organization

Name Position/Organization

Name Position/Organization

Signature of Applicant

I certify that all information given on this form is accurate to the best of my knowledge.

Signature Date

Please check off the materials below to indicate that they have been requested or sent in support of your application.

- Application form.
- GMAT results (to be sent directly by Educational Testing Services of Princeton, New Jersey.)
- Three letters of recommendation.
- Official transcript(s) of all College or University work.
- \$25 application fee (make check out to Rhodes College.)

All materials should be sent directly to:
Dr. Pamela Church, Director
Graduate Accounting Program
Rhodes College
2000 North Parkway
Memphis, TN 38112-1690

Rhodes College welcomes applications for admission from all persons and does not discriminate on the basis of sex, race, color, age, religion, and physical handicap, national and ethnic origin. In compliance with section 504 of the Rehabilitation Act of 1973, Rhodes will make every reasonable effort to accommodate the needs of its physically handicapped students.