

MASTER OF ARTS IN LEADERSHIP APPLICATION

I AM APPLYING FOR...

Master's Degree

☐ Master of Arts in Leadership (MAL)

Post-Master's Certificate

☐ Certificate in Leadership Studies

ABOUT YOU

Full legal name: _____
First Middle Last Suffix

Name I prefer to be called: _____ U.S. Social Security #: _____

Previous last name(s): _____

Birth date: _____ Birth place: _____
Month/Day/Year City/State/Country

Country of citizenship: _____

Are you a U.S. permanent resident?

☐ yes

☐ no

Alien registration number: _____

Date issued: _____

If you are not a U.S. citizen, which U.S. visa type will you have while you are a student?

What is your native language? (the primary language spoken in your home)

☐ English

☐ Another language

Please specify: _____

If English is not the primary language you speak in your home, you might need to take the TOEFL or MELAB.
Please submit an official copy of your score.

Which best describes you? ☐ Male ☐ Female (optional)

Which best describes you? ☐ Hispanic/Latino ☐ Other If Other, please select one of the following (optional):

☐ American Indian or Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White

☐ Multiracial/Two or more races

☐ Prefer not to respond to this question

CONTACT INFORMATION

Present address: _____
Street

City State Zip (postal) code Country

County: (Minnesota residents only) _____

Preferred phone number: _____ ☐ Home ☐ Work ☐ Cell ☐ Fax

Phone number 2: _____ ☐ Home ☐ Work ☐ Cell ☐ Fax

Phone number 3: _____ ☐ Home ☐ Work ☐ Cell ☐ Fax

E-mail: _____

RELIGIOUS AFFILIATION *(optional)*

Denomination: _____

If Lutheran: ☐ ELCA ☐ Missouri Synod ☐ Other

Congregation: _____
Name City, State

Pastor: _____

FAMILY INFORMATION *(optional)*

SPOUSE/PARTNER/FAMILY:

First name	Middle name	Last name	
I authorize Augsburg admission staff to discuss my admission file and status with this person: <input type="checkbox"/> yes <input type="checkbox"/> no			
Have any of your friends, family members, or co-workers attended Augsburg College (including current students)?			
First name	Last name	Relationship to you	Approx. attendance dates
First name	Last name	Relationship to you	Approx. attendance dates

MORE ABOUT YOU

How did you learn about Augsburg College? _____

What most persuaded you to apply to Augsburg College? _____

Do you plan to apply to other colleges? ☐ yes ☐ no
If yes, which colleges? _____

Do you plan to file the Free Application for Federal Student Aid (FAFSA)? ☐ yes ☐ no

Will you be taking advantage of a tuition reimbursement or remission program while at Augsburg? ☐ yes ☐ no
If yes: ☐ Employer reimbursement ☐ Tuition remission ☐ Other _____

Planned term of entry? ☐ Fall ☐ Winter ☐ Spring Year _____

Are you currently employed? ☐ yes ☐ no
If yes, where? _____
Position: _____
Address: _____

Have you ever been convicted of a felony? ☐ yes ☐ no
If yes, please explain: _____

Have you served, or are you currently serving, in the Armed Forces of the United States? ☐ yes ☐ no
If yes, which branch? _____

Previous education

Please list **all** schools attended: high school, colleges, universities, and vocational/technical institutions.

School name and location	Dates of attendance	Degree or credits earned
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

RECOMMENDATIONS

Please have your supervisor and a co-worker send recommendations on your behalf to the Graduate Studies Admission office (please use enclosed forms). List the people submitting recommendations for you.

Supervisor:	_____	_____	_____
	Name	Title	Organization/Institution
Co-worker:	_____	_____	_____
	Name	Title	Organization/Institution

I certify that the information I have given is true to the best of my knowledge. If I am accepted to Augsburg College, I agree to comply with all regulations of the College and to review the catalog and agree to the terms therein. Information from this form may be used by officials of the College.

I understand that any misrepresentation on the part of the applicant is cause for non-acceptance, cancellation of acceptance, or dismissal from school. All documents submitted in support of the application become the property of the College and are not returnable or transferable.

My signature below indicates that all the information in my application is complete, factually correct, and honestly presented.

Signature of applicant _____ Date _____

Augsburg College, as affirmed in its mission, does not discriminate on the basis of race, color, creed, religion, national or ethnic origin, age, gender, sexual orientation, marital status, status with regard to public assistance, or disability in its education policies, admissions policies, scholarship and loan programs, athletic and/or school administered programs, except in those instances where religion is a bona fide occupational qualification. Augsburg College is committed to providing reasonable accommodations to its employees and its students.

Augsburg College is registered as a private institution with the Minnesota Office of Higher Education pursuant to sections 136A.61 to 136A.71. Registration is not an endorsement of the institution. Credits earned at the institution may not transfer to all other institutions.

Augsburg College
2211 Riverside Ave.
Minneapolis, MN 55454
www.augsburg.edu

Graduate Admissions Office
612-330-1101
Campus Box 65
malinfo@augsborg.edu

**AUGSBURG
COLLEGE**

RECOMMENDATION FORM FOR ADMISSION

TO THE APPLICANT:

Please give this recommendation form to a supervisor and co-worker who is familiar with your professional skills, or to a current or former professor who is familiar with your academic abilities. Before you do, however, please indicate whether you reserve the right to review the recommendation once it is written or you waive your right to access this information.

☐ I retain my right to review this recommendation.

☐ I waive my right to review this recommendation.

Name of applicant (please print): _____

Signature of applicant: _____

TO THE WRITER OF THIS RECOMMENDATION:

Thank you for your willingness to provide information to the Augsburg College MAL Admissions Committee. Please give your assessment of the applicant's professional and/or academic abilities and readiness for graduate education. Please be candid in your assessment of the applicant. Using the checklist on the reverse side, please compare the applicant with others you have known during your professional career. For each of the categories below, please place the applicant in the appropriate reference group by circling a number with 6 being high/well-developed and 1 being low/needs much improvement.

After completing the checklist, please expand in a typed letter on the following:

a. In what capacity have you known the applicant and for how long?

b. Evaluate the applicant's potential for graduate study and for assuming more advanced leadership positions.

Please mail the checklist and your letter directly to the Graduate Studies Admissions Office at the following address. Thank you.

Augsburg College
Graduate Studies Admissions Office
Campus Box 65
2211 Riverside Avenue
Minneapolis, MN 55454

We gratefully acknowledge the time and care you have taken to complete this checklist and letter of recommendation. Since Augsburg's decision cannot be made until references have been received, we would appreciate your completion of the checklist and letter of recommendation at your earliest convenience.

Evaluator name (print)

Title

Organization

Evaluator signature

E-mail or phone

EVALUATION

Name of Applicant _____

1. Self-awareness

1 2 3 4 5 6

2. Self-confidence

1 2 3 4 5 6

3. Integrity, well-developed value system

1 2 3 4 5 6

4. Motivation, achievement orientation

1 2 3 4 5 6

5. Flexibility, adaptability

1 2 3 4 5 6

6. Creativity, innovativeness

1 2 3 4 5 6

7. Tolerant of individual differences

1 2 3 4 5 6

8. Broad world view (beyond the organization)

1 2 3 4 5 6

9. Overall potential for leadership

1 2 3 4 5 6

SUMMARY EVALUATION

Please check one.

- ☐ I strongly recommend this applicant for admission and feel that he/she has the capability to perform at a superior level.
- ☐ I recommend this applicant for admission and feel his/her performance should be comparable to that of most graduate students.
- ☐ I feel that the applicant's qualifications are marginal, but if admitted, the applicant would greatly benefit from study in the program.
- ☐ I do not recommend this applicant for admission to the Augsburg College Master of Arts in Leadership Program.

Evaluator signature _____ Date _____