



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

Requirements Checklist

Please send the following items to the office of Graduate School Admissions. **All transcripts and references are to be sent directly by the college/university or recommender to the attention of the Admissions Coordinator.** *Recommendations or transcripts received directly from the applicant are considered unofficial and will not be used toward completion of one's application file.* Application are reviewed when the following items are received:

- Applicant Information**
- Application Processing Fee \$35**
Please include your **nonrefundable** \$35 fee with your application.
- Personal Sketch**
Please answer the questions in your own words. Type answers in double-space format and attach to your application. All submissions are held in confidence.
- Honor Code**
All ORU students accept the Honor Code as their lifestyle while at ORU. Be sure to read and sign the Honor Code, your signature acknowledges your acceptance of the ORU lifestyle.
- Minister's Recommendation**
This form should be completed and returned by your minister or another church leader **who is not a relative.**
- Academic/Professional Recommendations**
Two academic recommendations from current or former professors are required. Professional recommendations may be submitted if you have not been in college within the last five years. Each of these recommendations should be returned to ORU **directly by the person submitting the reference.**
- Official Transcripts**
Official transcripts must be received **directly from all colleges and universities attended in their original sealed envelopes unless you are an international student (see below).** This also includes all technology and unaccredited schools.
- Official Test Scores**
Applicants for admissions into the School of Education are required to submit scores from either the Miller Analogies Test (*MAT*) or the Graduate Record Examination (*GRE*) taken within the past five years and submitted directly from the testing agency to ORU Graduate Admissions.

International Students Additional Admission Requirements

- TOEFL Score**
All international students whose native language of instruction is not English must submit official TOEFL scores from within the past two years. A minimum score of 550 paper-based, 213 computer-based, or 79-80 internet-based is required for admission. For further information on the TOEFL, please call 609.771.7100 or go to <http://www.ets.org>.
- International Student Financial Guarantee Form**
All international students are required to document verification of their financial support. Support must be verified prior to the university issuing an Form I-20. The Form I-20 is needed in order for an applicant to be issued a student visa. The guarantor must agree to meet the actual expenses incurred **for each year the applicant is enrolled at ORU.**
- Sevis Transfer Request**
This form is only for international students **in F-1 Status** transferring to ORU from another U.S. school.
- World Educational Services (WES)**
All International students are required to use this service for quick and accurate and evaluation of transcripts. All transcripts must be submitted directly from your undergraduate institution to WES for evaluation. More information is available at www.wes.org. You must provide WES with an English translation of your transcript.

Additional Items

- Tuition Deposit**
After admission has been granted, a nonrefundable advance tuition payment in the amount of \$125 is required. This deposit will be credited to your university account.
- Medical Assessment and Immunization Record**
In accordance with the university philosophy of educating the whole person (*spirit, mind and body*), all students are required to participate in the university's health and fitness program. A medical assessment form must be completed and submitted to the university prior to your enrollment in health and fitness courses. A copy of this form is located at <http://admissions.oru.edu/MedicalAssessment.pdf>. Students approved to live in university housing are required to submit immunization records as listed on the medical assessment form.



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

APPLICATION FOR ADMISSION

Social Security #: _____ - _____ - _____ Date of Application: _____

Name: _____
Last/Family Name First/Given Name Middle Name

Other names under which transcripts have been issued: _____

Address: _____
Street and Number City State Zip Country

Phone: () _____ Cell Phone: () _____ Fax: () _____

Email Address: _____

I plan to start ORU in: Fall Spring Summer _____ (Year) Full-time Modular

Part-time Commuter

Date of Birth: _____ / _____ / _____ Gender Male Female

What is your citizenship status?

U.S. Citizen (State of residence) _____ Non-U.S. Citizen

(If you are a Non-U.S. Citizen, please state your country of citizenship and your country of birth.) _____

Country of Citizenship _____ Country of Birth _____

If you are living in the United States and you are not a U.S. citizen, please indicate your current status or visa type.

Student Permanent Resident Visitor/Tourist Other _____

Visa type _____ Expiration date _____

If you are an international student please provide your non-U.S. address _____

(Documentation will be required) Have you ever been convicted, pled guilty or no contest to a felony charge?

Yes No

Have you ever been convicted of a crime involving moral turpitude? Yes No

If yes, please provide a written explanation on a separate sheet of paper. In response to legislation, Title 70 O.S., Supp. 1985. and 3-104.1, every applicant seeking teacher certification is required to answer these questions.

Personal Information

The information requested below is used for statistical purposes only. You are not required to complete this section of the application. If you complete this section, the information will not be used in evaluating your application for admission. ORU does not discriminate against applicants on the grounds of race, religion, color, sex, age, national origin, disability, or veteran status.

If you are a U.S. citizen, which best describes your national origin?

American Indian/Alaskan Native Asian Black/African American Caucasian/White Pacific Islander
 Hispanic Other _____

Veteran Services

Are you a veteran of the armed forces? Yes No

Which best describes your present affiliation:

Assembly of God Baptist Catholic Charismatic
 Church of Christ Church of God-Christ Episcopalian Freewill Baptist
 Full Gospel Holiness Independent Interdenominational
 Jewish Lutheran Methodist Nazarene
 Nondenominational Open Bible Standard Pentecostal Presbyterian
 Protestant Southern Baptist Other _____

Area of Study - Applications are considered for admission into only **one** graduate school and degree program

Master of Arts in Education

Curriculum Development
 Teaching with Certification
 College & Higher Education School Administration
 Teaching English as a Second Language (TESL)
 School Administration
 Christian/Private Public



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

HIGHER EDUCATION

Prior Education

Please list all colleges and universities you have attended (*in chronological order*) and indicate degree received.

College/university Graduation	Dates of Attendance	Location	Degree Granted/Date of
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____
_____	_____ to _____	_____	_____

Was English your formal language of instruction? Yes No

If not, have you taken the TOEFL? Yes, Date _____ No _____

Have you taken the Miller Analogies Test (*MAT*)? Yes, Date _____ No _____

Have you taken the Graduate Record Examination (*GRE*)? Yes, Date _____ No _____

I am scheduled to take one of the above tests. Yes, Date _____ No
Test _____

Honors and Activities

Please list (*in order of importance extracurricular activities, offices held, accomplishments, and professional memberships*). _____

Please list awards, honors, and scholarships received in college and graduate school or since graduation.

Employment History

Company Name	Position	Dates of Employment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Personal Sketch

Oral Roberts University is a Christian institution of higher learning designed to serve a predominately Christian body. With this thought in mind, please address the following questions on additional paper, typed double-spaced, and attach to your application.

- Why do you desire to attend ORU, and how does this relate to your life goals?
- Describe your own religious experience, past and present.
- Discuss major events that have occurred in your life.
- If you are an international student, please explain why you desire to study in the United States.
- Why have you chosen your field of vocation/ministry, and how do you see the degree program for which you are making application equipping you for that field?



**ORU GRADUATE SCHOOL OF EDUCATION
MASTER OF ARTS IN EDUCATION APPLICATION**

RECOMMENDATIONS/ADDITIONAL INFO

*Please provide the following information concerning your references.
(References may not be related to applicant.)*

Minister's Recommendation

Name: _____
 Last First Middle Initial

Address: _____
 Street and Number City or Town State Zip

Phone: () _____ Business Phone: () _____ Fax: () _____

Academic/Professional Recommendation #1

Name: _____
 Last First Middle Initial

Address: _____
 Street and Number City or Town State Zip

Phone: () _____ Business Phone: () _____ Fax: () _____

Academic/Professional Recommendation #2

Name: _____
 Last First Middle Initial

Address: _____
 Street and Number City or Town State Zip

Phone: () _____ Business Phone: () _____ Fax: () _____

Additional Information

How did you first hear about ORU? _____

List other colleges/universities to which you have applied: _____

Have you ever been denied admission to any graduate/professional school? Yes No

If yes, for what reason? _____

Please add any additional information about yourself you would like to include. _____

Please detach and mail your application to:

**ORU Graduate School Admissions
7777 South Lewis Avenue
Tulsa, OK 74171-0001**

Contact information:

800.643.7976 x14
918.495.6553
fax: 918.495.6959
gradeducation@oru.edu



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

HONOR CODE PLEDGE

In signing the Honor Code Pledge, I fully recognize that Oral Roberts University was founded to be and is committed to being a leading academic institution serving the interdenominational Body of Christ, offering a lifestyle of commitment to Jesus Christ of Nazareth as personal Savior and Lord. I further recognize that the university's ministry is that of providing a Whole Person education with a charismatic distinctive. It is therefore my personal commitment to be a person of integrity in my attitude and respect for what Oral Roberts University is in its calling to be a Christian university.

1. **I PLEDGE** to apply myself wholeheartedly to my intellectual pursuits and to use the full powers of my mind for the glory of God.
2. **I PLEDGE** to grow in my spirit, by developing my own relationship with God.
3. **I PLEDGE** to develop my body with sound health habits by completing the required aerobics program and by participating in wholesome physical activities.
4. **I PLEDGE** to cultivate good social relationships and to seek to love others as I love myself. I will not lie; I will not steal; I will not curse; I will not be a talebearer. I will not cheat or plagiarize; I will do my own academic work and will not inappropriately collaborate with other students on assignments.
5. **I PLEDGE** at all times to keep my total being under subjection from all immoral and illegal actions and communications, whether on or off campus. I will not take any illegal drugs or misuse any drugs; I will not engage in or attempt to engage in any illicit, unscriptural sexual acts, which include any homosexual activity and sexual intercourse with one who is not my spouse through traditional marriage of one man and one woman. I will not drink alcoholic beverages of any kind; I will not use tobacco; I will not engage in other behavior that is contrary to the rules and regulations listed in the *Student Handbook*.
6. **I PLEDGE** to maintain an integrity of openness to God's claims on my life and to do my utmost to know and follow His will for my life.
7. **I PLEDGE** to attend class, all required chapel services on campus, and my choice of a house of worship wherever God is honored and lifted up.
8. **I PLEDGE** to abide by the rules and regulations that may from time to time be adopted by the university administration. I understand Oral Roberts University is a private school that is governed by a Board of Trustees, which has final authority on all matters. I understand that the university reserves the right to require the withdrawal of a student at any time if in the judgment of the President of the university and the University Discipline Committee such action is deemed necessary to safeguard ORU's ideals of scholarship or its spiritual and moral atmosphere as a Christian university.

I will keep the HONOR CODE carefully and prayerfully. I understand that my signature below is my acceptance of the entire Honor Code and completes a contract between me and Oral Roberts University, which is a prerequisite for matriculation and my continued association with the university. My signed pledge becomes a part of my permanent file. Further, my acceptance of the Honor Code is a solemn vow and promise to God as to how I will live my life.

Signature: _____ Date: _____

Print Full Name: _____



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

MINISTER'S RECOMMENDATION

ORU GRADUATE SCHOOL OF EDUCATION

To the Applicant

Please complete and sign the top portion of this page. Have your Minister fill out the remaining portion and **mail it directly to ORU** at the address listed below. *This may not be completed by a relative.*

Name of Applicant: _____
Last/Family First/Given Name Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: Fall Spring Summer Year _____

Area of Study

Master of Arts

- Curriculum Development
- Teaching English as a Second Language (TESL)
- Teaching with Certification
- School Administration
- College & Higher Education Administration
- Christian/Private
- Public

To the Applicant: I authorize the minister identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the minister and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Minister

Please print or type and return this form directly to ORU Graduate School Admissions, 7777 South Lewis Avenue Tulsa, OK 74171-0001.

Each applicant for admission to ORU must submit a recommendation from his/her minister. Serious consideration will be given to your comments; therefore, we ask that you complete the form carefully. Since a candid evaluation is requested, your comments will be held in the strictest of confidence.

1. How long have you known the applicant? _____ In what capacity? _____

2. How well do you know him/her?

- By name/sight
- Fairly well/numerous personal contacts
- Casually/few personal contacts
- Very close personal relationship

3. To your knowledge, has the applicant made a meaningful personal commitment to Jesus Christ?

- Yes
- No
- I do not know

Comments: _____

4. Please indicate applicant's level of involvement in church activities.

- Attends irregularly; shows little interest
- Cooperative; usually willing to help
- Seldom participates, although attends regularly
- Enthusiastic; deeply involved



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5. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.

		Excellent	Above Average	Average	Below Average	Not Observed
Reliability	dependability, responsibility					
Maturity	personal development, ability to cope with life situations					
Christian commitment	genuineness and depth of commitment					
Emotional stability	poise, mood stability					
Judgment	ability to analyze a problem					
Empathy	sensitivity to the needs of others					
Social Adaptability	interacts well with others, is respectful					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Personal appearance	cleanliness, grooming					

6. Please share what you consider the applicants strong and weak points, as well as any other information you may have about the applicant that will help in our evaluation. This information could cover recent experiences or incidents in the applicant's life or even a general personality appraisal.

7. To your knowledge, does the applicant smoke, drink, or use illegal drugs? Has the applicant had emotional problems?

8. Is there additional information about the candidate you feel the Admissions Committee should know? Please comment on honesty, integrity, concern for people and general moral character.

On the basis of the above information, the applicant is:

Strongly recommended Recommended Recommended with some reservation Not recommended

Minister's Name: _____ Name of Church & Denomination: _____

Address: _____
Street and Number City State Zip Country

Phone: () _____ Church Phone: () _____ Fax: () _____

Email Address: _____ Minister's signature: _____



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

ACADEMIC/PROFESSIONAL RECOMMENDATION *(May not be completed by a relative)*

Name of Applicant: _____
Last/Family First/Given Name Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: Fall Spring Summer Year _____

Area of Study

Master of Arts

- Curriculum Development
- Teaching with Certification
- College & Higher Education Administration
- Teaching English as a Second Language (TESL)
- School Administration
 - Christian/Private Public

To the Applicant: This form should be completed by a former professor and returned by him/her directly to the ORU Office of Graduate School Admissions. Professional references may be substituted if you have been out of school for more than five years.

I authorize the professor or professional reference identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the professor or professional reference and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Professor or Professional Reference: Each applicant for graduate school admission must have an academic or professional recommendation. Serious consideration will be given to your comments, therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence. ***Please complete and return this form directly to:***

**ORU Office of Graduate Admissions
7777 South Lewis Avenue
Tulsa, OK 74171-0001**

1. How long have you known the applicant? _____
2. In what capacity have you known the applicant? _____
3. How well do you know him/her?
 - By name/sight Fairly well/numerous personal contacts
 - Casually/few personal contacts Very close personal relationship



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

Academic/Professional Recommendation *(May not be completed by a relative)*

Name of Applicant: _____
Last/Family First/Given Name Middle

Address: _____

City: _____ State _____ Zip _____ Country _____

Phone () _____ Email Address: _____

I plan to start ORU in: Fall Spring Summer Year _____

Area of Study

Master of Arts

- Curriculum Development
- Teaching with Certification
- College & Higher Education Administration
- Teaching English as a Second Language (TESL)
- School Administration
 - Christian/Private Public

To the Applicant: This form should be completed by a former professor and returned by him/her directly to the ORU Office of Graduate School Admissions. Professional references may be substituted if you have been out of school for more than five years.

I authorize the professor or professional reference identified on this form to complete the recommendation and disclose this form to Oral Roberts University. I understand this form is confidential; and I will not be entitled to review the completed recommendation and it will be sent directly to ORU by the person completing it. I release the professor or professional reference and Oral Roberts University from all claims, liabilities, and damages arising out of or related to disclosure of the information consistent with the authorization.

Applicant's Signature _____

To the Professor or Professional Reference: Each applicant for graduate school admission must have an academic or professional recommendation. Serious consideration will be given to your comments, therefore, please complete this form carefully. Since a candid evaluation is requested, your comments will be held in the strictest confidence. ***Please complete and return this form directly to:***

ORU Office of Graduate Admissions

7777 South Lewis Avenue

Tulsa, OK 74171-0001

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? _____

3. How well do you know him/her?

- By name/sight Fairly well/numerous personal contacts
- Casually/few personal contacts Very close personal relationship



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4. How do you rate this person in the following areas? Additional comments on a separate sheet are also welcome.

Please mark the appropriate box with an X.

		Excellent	Above Average	Average	Below Average	Not Observed
Academic Ranking	exceeds the standard, strives for higher goals					
Maturity	personal development, ability to cope w/ life situations					
Written Communication	clarity, coherence					
Emotional stability	poise, mood stability					
Initiative	ability to analyze a problem, takes on the challenge					
Cooperativeness	sensitivity to the needs of others					
Creativity	ability to think outside the box, inspires others					
Social Adaptability	interacts well with others, is respectful					
Integrity/Honesty	rapport, reaction to stress, honest, moral character					
Personal Appearance	cleanliness, grooming					

5. What positive traits or characteristics distinguish the applicant from his or her peers?

6. What personal attributes need further development?

7. What is your opinion of the candidate's ability and qualification to pursue graduate/professional study? Please comment on overall maturity and emotional/psychological stability.

8. Is there additional information about the candidate that you feel the Admissions Committee should know? Please comment on honesty, integrity, concern for people and general moral character.

On the basis of the above information, the applicant is:

Strongly recommended Recommended Recommended with some reservation Not recommended

Minister's Name: _____ Name of Church & Denomination: _____

Address: _____
Street and Number City State Zip Country

Phone: () _____ Church Phone: () _____ Fax: () _____

Email Address: _____ Minister's signature: _____



ORU GRADUATE SCHOOL OF EDUCATION
MASTER OF ARTS IN EDUCATION APPLICATION

INSTITUTIONAL AID APPLICATION

INSTITUTIONAL FINANCIAL AID - ORU GRADUATE SCHOOL OF EDUCATION

Limited funds available

Applicant's Name _____

Types of Financial Aid for which you would like to Apply (check all that apply):

- Academic Scholarships, Need Based Grant, OR, ORU Retention Scholarship, Graduate Assistantship Student Employment, Year & Semester Graduated from ORU

Note: You must go online to www.fafsa.ed.gov and complete the federal financial aid application following on-screen instructions, before you can be considered for any financial assistance at Oral Roberts University.

Program for which you are applying:
Master of Arts

- Curriculum Development, Teaching with Certification, College & Higher Education Administration, Teaching English as a Second Language (TESL), School Administration, Christian/Private, Public

Cumulative Graduate GPA _____/4.00
Cumulative Undergraduate GPA _____/4.00
Undergraduate Major _____

Graduate Assistantship Applicant: Please explain how you believe you would be an asset to Graduate Education offices.

Office use only:

Z #: _____
Financial Aid Approval: _____
Amount _____
Date: _____



ORU GRADUATE SCHOOL OF EDUCATION MASTER OF ARTS IN EDUCATION APPLICATION

GUARANTOR'S CERTIFICATION

Unless you are supported by your own savings, immigration documents will not be issued without the guarantor completing and signing this section.

Guarantor's Name: _____ Relation to Applicant _____
Last/Family Name First/Given Name

Guarantor's Country of Citizenship _____

Is the Guarantor currently residing in the United States? Yes No

If yes, is the Guarantor a U.S. Citizen? Yes No

If no, is the Guarantor a Permanent Resident Alien? Yes No

If the Guarantor is residing in the U.S. and is not a U.S. citizen or Permanent Resident Alien, what is his/her current visa classification? _____

As the applicant's guarantor, I understand the expenses listed on the International Cost of Education Sheet of \$ _____ are estimates of the average cost. The actual cost may vary based on changes in tuition and fees, books and supplies, room and board, medical insurance premiums and personal lifestyles. I guarantee that I will provide _____ with sufficient funds to meet the actual expenses incurred, as estimated above, for each year the applicant is enrolled at ORU. I certify if there are dependents that plan to accompany the applicant, I will provide the additional funds necessary to meet the needs of the applicant's dependants. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will provide adequate funds for the applicant's travel to and from the United States.

Mailing address of Guarantor: _____

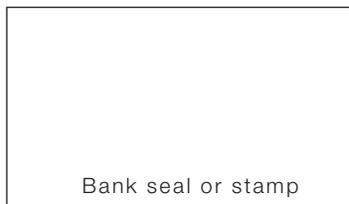
Signature of Guarantor: _____ Date: _____

BANK'S CERTIFICATION

If bank policies do not allow the completion of this form, a separate bank letter or affidavit is an acceptable substitute. The letter should be on bank letterhead, signed by a bank official to specifically verify the following:

- Name of account holder
- Date account was opened
- Current account balance or specific acknowledgement that accounts have a minimum balance to cover the student's estimated expenses and any additional dependants as listed above.
- Monetary values should be converted to the U.S. dollar.

This is to certify that in our opinion, _____, the guarantor whose name appears above, has adequate funds to meet the estimated expenses as listed above for the applicant and any dependants listed for each year that the above named applicant is enrolled at ORU. This certificate does not constitute a statement of liability on any part or on behalf of the bank incurred by the applicant named above.



Signature: _____

Title or Organization: _____

Address: _____

Date: _____

Please return completed form to:

Office of Int'l Admissions |
Oral Roberts University
7777 South Lewis Avenue, Tulsa, OK, 74171
phone 918.495.6488 | fax 918.495.6222



ORU GRADUATE SCHOOL OF EDUCATION
MASTER OF ARTS IN EDUCATION APPLICATION

SEVIS TRANSFER REQUEST

INTERNATIONAL STUDENTS TRANSFERRING TO ORU
FROM ANOTHER U.S. SCHOOL IN F-1 STATUS

STUDENT: You are required to obtain a SEVIS release prior to acceptance to Oral Roberts University. Please take this form to the International Office at the university/college you are currently attending to be completed.

Name (As seen on current Form I-20) Signature Date

I plan to start ORU in: [] Fall [] Spring [] Summer _____ (Year)

TO BE COMPLETED BY THE INTERNATIONAL STUDENT ADVISOR:

Please fax this completed page to us as soon as possible: The above student is seeking admission to Oral Roberts University. Immigration regulations require confirmation that he/she has been pursuing a full course of study at your institution.

Last semester enrolled at your institution: _____

Student's Name _____ is in valid F-1 status [] Yes [] No

If no, and the student is out of status:

- [] A reinstatement to student status is pending. (Copies of documents filed to CIS are enclosed.)
[] Student has been advised that a reinstatement will be required upon enrollment at the new school.

In addition, we need the date you would transfer SEVIS to ORU. We only need the date to proceed with the admissions process for this student. No SEVIS transfer is necessary until the date chosen. (Please do not wait to fax this page until the SEVIS transfer date.)

Transfer release date in SEVIS _____

Please list all previously authorized periods of Curricular or Optional Practical Training.

Three horizontal lines for listing authorized periods of Curricular or Optional Practical Training.

I CERTIFY THAT THE PRECEDING INFORMATION IS CORRECT:

Name and Title of DSO Signature

Name of Institution Address of Institution

Office Phone Number Date

Oral Roberts University phone: 918.495.6488
Office of Undergraduate Admissions fax: 918.495.7193
7777 South Lewis Avenue
Tulsa, OK 74171-0001 ATTN: International Coordinator