



GRADUATE SCHOOL OF BUSINESS APPLICATION

REQUIREMENTS CHECKLIST

Please send the following items to the office of Graduate School Admissions. **All transcripts and recommendations are to be sent directly by the college/university or recommender to the attention of the Grad 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.* Applications are reviewed when all of the following items are received.

- ☐ **Application Information**
- ☐ **Application Processing Fee \$35**
- ☐ **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. Your signature on this form acknowledges your acceptance of the ORU lifestyle.
- ☐ **Minister's Recommendation**
This form is to be completed and returned by your minister or other 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 are to be returned to ORU **directly by the person submitting the reference.**
- ☐ **Institutional Financial Aid Applications**
(For interested applicants: Academic/Professional & Graduate Assistantship forms).
- ☐ **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 must submit scores from the Graduate Management Admissions Test (*GMAT*), the Graduate Record Examination (*GRE*), OR the National Field Test taken within the past five years **in order to apply for academic scholarships.**

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 a 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 translation 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.

Additional Items

Tuition Deposit

After admission has been granted, a non-refundable 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 with immunization records and submitted to the University. A copy of this form is located at <http://admissions.oru.edu/MedicalAssessment.pdf>.



GRADUATE SCHOOL OF BUSINESS 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 (August) ☐ Spring (January) ☐ 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.)

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

☐ Student ☐ Permanent Resident ☐ Visitor/Tourist ☐ Other _____
(Documentation will be required)

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

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.)

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

Master of Business Administration

Traditional:

- ☐ Accounting
- ☐ Entrepreneurship
- ☐ Finance
- ☐ International Business
- ☐ Management
- ☐ Marketing
- ☐ Non-Profit Management
- ☐ None

Master of Management

Concentration in:

- ☐ Non-Profit Management
- ☐ Organizational Dynamics*
- ☐ Sales Marketing*

* Organizational Dynamics & Sales Marketing may be offered exclusively in a non traditional Internet Format. Please contact the Graduate Business Representative concerning availability of these concentrations.

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 an American citizen, which best describes your national origin?

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

Are you an ORU Faculty/Staff Member? ☐ Yes ☐ No Are you a veteran of the armed forces? ☐ Yes ☐ No

Please select one of the following:

- | | | | |
|--|---|---------------------------------------|--|
| <input type="checkbox"/> Assembly of God | <input type="checkbox"/> Baptist | <input type="checkbox"/> Catholic | <input type="checkbox"/> Charismatic |
| <input type="checkbox"/> Church of Christ | <input type="checkbox"/> Church of God-Christ | <input type="checkbox"/> Episcopalian | <input type="checkbox"/> Freewill Baptist |
| <input type="checkbox"/> Full Gospel | <input type="checkbox"/> Holiness | <input type="checkbox"/> Independent | <input type="checkbox"/> Interdenominational |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Lutheran | <input type="checkbox"/> Methodist | <input type="checkbox"/> Nazarene |
| <input type="checkbox"/> Nondenominational | <input type="checkbox"/> Open Bible Standard | <input type="checkbox"/> Pentecostal | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Protestant | <input type="checkbox"/> Southern Baptist | <input type="checkbox"/> Other _____ | |



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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 _____ Score _____ ☐ No

Have you taken the Graduate Mgt. Admissions Test (*GMAT*)?

☐ Yes, Date _____ Score _____

☐ No

Have you taken the Graduate Record Examination (*GRE*)?

☐ Yes, Date _____ Score _____ ☐ 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 - You may include a résumé if you prefer.

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.
- 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?
- If you are an international student, in addition, please explain why you desire to study in the United States.



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RECOMMENDATIONS/ADDITIONAL INFO

Please provide the following information concerning your references.

(References may not be related to applicant.)

Minister's Recommendation

Name: _____
Last First M.I.

Address: _____
Street and Number City or Town State Zip

Phone: () _____ Business Phone: () _____ Country: _____

Academic/Professional Recommendation #1

Name: _____
Last First M.I.

Address: _____
Street and Number City or Town State Zip

Phone: () _____ Business Phone: () _____ Country: _____

Academic/Professional Recommendation #2

Name: _____
Last First M.I.

Address: _____
Street and Number City or Town State Zip

Phone: () _____ Business Phone: () _____ Country: _____

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, Oklahoma 74171

Contact information:
800.643.7976 x12
918.495.6117
918.495.6500 fax
gradbusiness@oru.edu



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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 Christian religious ministry and that it offers a lifestyle of commitment to Jesus Christ of Nazareth as personal Savior and Lord. 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, 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 shall 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, and I therefore have no vested rights in the governing of the school. I accept my attendance at ORU as a *privilege* and *not* a right and 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 or the University Disciplinary Committee such action is deemed necessary to safeguard ORU's ideals of scholarship or its spiritual and moral atmosphere of it 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: _____



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MINISTER'S 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 (August) ☐ Spring (January) ☐ Summer Year _____

Area of Study

Master of Business Administration

Traditional:

- | | |
|---|--|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Non-Profit Management |
| <input type="checkbox"/> Finance | <input type="checkbox"/> None |
| <input type="checkbox"/> International Business | |
| <input type="checkbox"/> Management | |

Master of Management

Concentration in:

- | |
|--|
| <input type="checkbox"/> Non-Profit Management |
| <input type="checkbox"/> Organizational Dynamics |
| <input type="checkbox"/> Sales Marketing |

To the Applicant: This form should be completed by your Minister and returned by him/her to the ORU Office of Graduate Admissions. You may want to provide your recommender with an addressed and stamped envelope for their convenience.

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: 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. Please complete and return this form directly to: **ORU Graduate School Admissions, 7777 South Lewis Avenue Tulsa, Oklahoma 74171-0001.**

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

2. How well do you know him/her?

- | | |
|---|---|
| <input type="checkbox"/> By name/sight | <input type="checkbox"/> Fairly well/numerous personal contacts |
| <input type="checkbox"/> Casually/few personal contacts | <input type="checkbox"/> Very close/personal relationship |

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

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> I do not know |
|------------------------------|-----------------------------|--|

Comments: _____

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

- | | |
|---|---|
| <input type="checkbox"/> Attends irregularly; shows little interest | <input type="checkbox"/> Cooperative; usually willing to help |
| <input type="checkbox"/> Seldom participates; attends regularly | <input type="checkbox"/> 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
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					

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

7. What personal attributes need further development?

8. 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.

9. 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

Reference's Name: _____ Organization: _____

Position/Title: _____

Address: _____
Street and Number City State Zip Country

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

Email Address: _____ Reference's signature: _____



GRADUATE SCHOOL OF BUSINESS 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 (August) ☐ Spring (January) ☐ Summer Year _____

Area of Study

Master of Business Administration

Traditional:

- ☐ Accounting
- ☐ Entrepreneurship
- ☐ Finance
- ☐ International Business
- ☐ Management
- ☐ Marketing
- ☐ Non-Profit Management
- ☐ None

Master of Management

Concentration in:

- ☐ Non-Profit Management
- ☐ Organizational Dynamics
- ☐ Sales Marketing

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. You may want to provide your recommender with an addressed and stamped envelope for their convenience. 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 submit 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, Oklahoma 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



GRADUATE SCHOOL OF BUSINESS APPLICATION

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

Reference's Name: _____ Organization: _____

Position/Title: _____

Address: _____
Street and Number City State Zip Country

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

Email Address: _____ Reference's signature: _____



GRADUATE SCHOOL OF BUSINESS 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: _____

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Area of Study

Master of Business Administration

Traditional:

- ☐ Accounting
- ☐ Entrepreneurship
- ☐ Finance
- ☐ International Business
- ☐ Management
- ☐ Marketing
- ☐ Non-Profit Management
- ☐ None

Master of Management

Concentration in:

- ☐ Non-Profit Management
- ☐ Organizational Dynamics
- ☐ Sales Marketing

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Applicant's Signature _____

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7777 South Lewis Avenue
Tulsa, Oklahoma 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



GRADUATE SCHOOL OF BUSINESS APPLICATION

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					
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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

Reference's Name: _____ Organization: _____

Position/Title: _____

Address: _____
Street and Number City State Zip Country

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

Email Address: _____ Reference's signature: _____



GRADUATE SCHOOL OF BUSINESS APPLICATION

INSTITUTIONAL AID APPLICATION

Applicant's Name: _____ ID#: _____

Program for which you are applying:

☐ MBA ☐ Master of Management Undergraduate Major _____
Concentration _____ Cumulative Undergraduate GPA _____ /4.0
Cumulative Graduate GPA _____ /4.0
Semester/year of entry to 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.

Types of Financial Aid for which you would like to make application - please check all that apply:

☐ Academic Scholarships (*offered to MBA students only*)

These scholarships are based upon a student's index score which is found by combining a student's undergraduate cumulative GPA with the percentile score on the GMAT, GRE, or ETS National Field Test. The calculation used in determining the index score is $100(GPA - 3.00) + \text{percentile score}$. An index score over 125 qualifies a full-time enrolled student for an academic scholarship.

GMAT, GRE, or ETS score/percentile (*if known*): _____ / _____

Professional Scholarships are given in two categories – Industry Experience/Connection Scholarships and ORU Retention Scholarships.

☐ Professional Scholarships – Industry Experience/Connection Scholarships

The Industry Experience/Connection Scholarships are awarded based upon skills and connections students have relating to their work experience. Current jobs and activities related to their career planning are also taken into consideration, as well as what their current job description and responsibilities are that are preparing them for their chosen career path. Please use the area on the next page to describe why you should be considered for this scholarship.

☐ Professional Scholarships – ORU Retention Scholarships

Students must be ORU undergraduates enrolling full-time in the graduate program the semester immediately following the completion of their undergraduate degree program.

Year & semester graduating from ORU: _____ / _____



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Industry Experience/Connection Scholarship Applicants: Please fill out this section describing your work experience, connections, and how your current job has prepared you for your future career plans.

By signing this application, I understand that students who meet all requirements will be awarded scholarships in the order of when the applications are received and on the availability of funds. Therefore, awards are not guaranteed. By completing this application, I am also accepting any academic or professional scholarship awards offered, and authorize ORU Financial Aid to make adjustments to this award or other Financial Aid offers according to the Federal Regulations and/or ORU guidelines. Details for special circumstances and exceptions to policy are available in the Graduate Student Financial Aid Office.

Signature _____

Printed Name _____

Date _____

Office use only:

Z#: _____

Financial Aid Approval: _____

Amount: _____

Date: _____



GRADUATE SCHOOL OF BUSINESS APPLICATION

GRADUATE ASSISTANT APPLICATION

Graduate Assistantship

Students who receive the position of Graduate Assistant work up to 17 hours a week in the Graduate School of Business offices and are paid every two weeks in order to help defer the cost of living expenses. The position is awarded based upon the student's capabilities, departmental needs, and applying for the award in a timely manner. A minimum index score of 110 is recommended, although not required in order to apply for the position of a Graduate Assistant. *Please fill out the following information to complete this application.*

Name: _____ Student ID#: _____

Address: _____
Street City State Zip

Phone: () _____ Cell: _____

Email address (preferably ORU email): _____

Semester/year of entry to ORU: _____ / _____

Cumulative Undergraduate GPA: _____ /4.0 Undergraduate Major: _____

Cumulative Graduate GPA: _____

GMAT, GRE, or ETS score/percentile (if known): _____ / _____

Program for which you are applying:

Program: ☐ MBA or ☐ Master of Management

Concentration: _____

Work experience over the past 5 years:

Employer	City/State	Dates	Position/Duties
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List your skills/proficiencies:

<input type="checkbox"/> CPA _____ yrs	<input type="checkbox"/> Office Work _____ yrs
<input type="checkbox"/> Research _____ yrs	<input type="checkbox"/> Supervisor _____ yrs
<input type="checkbox"/> Production Work _____ yrs	<input type="checkbox"/> Owner/operator _____ yrs
<input type="checkbox"/> Microsoft Word _____ yrs	<input type="checkbox"/> Microsoft Excel _____ yrs
<input type="checkbox"/> WordPerfect _____ yrs	<input type="checkbox"/> Microsoft PowerPoint _____ yrs
<input type="checkbox"/> Lotus _____ yrs	<input type="checkbox"/> Fox BASE+ _____ yrs
<input type="checkbox"/> FoxPro _____ yrs	<input type="checkbox"/> Sas _____ yrs
<input type="checkbox"/> Quattro Pro _____ yrs	<input type="checkbox"/> Crystal Ball _____ yrs
<input type="checkbox"/> SPSS _____ yrs	<input type="checkbox"/> Typing _____ (WPM)



GRADUATE SCHOOL OF BUSINESS APPLICATION

Grad Courses Completed

- ☐ Management/Organizational Theory
- ☐ Marketing
- ☐ Finance
- ☐ Accounting
- ☐ Economic Theory
- ☐ Computer Applications

General Preferences - Please rank from 1-5, 1 being top priority:

- ☐ Telephone Work (*Businesses and Alumni*) _____
- ☐ Correcting Finance or Accounting Problems _____
- ☐ Computer Lab Assistant _____
- ☐ Office Assistant _____
- ☐ Research Assistant _____

By signing this application, I verify that all the information given is true and correct. I understand that I may be asked to provide additional information and that I am not guaranteed this assistantship unless it is offered by the Graduate School of Business department. If awarded this position, I acknowledge that I may need to provide financial documentation to the Financial Aid offices in order to begin the assistantship.

Signature

Printed Name

Date

Office use only:

Z #: _____

Financial Aid Approval: _____

Amount: _____

Date: _____



GRADUATE SCHOOL OF BUSINESS APPLICATION

FINANCIAL GUARANTEE FORM INTERNATIONAL STUDENTS SEEKING F-1 STATUS

United States Department of Homeland Security (*DHS*) regulations require documentation that sufficient financial resources are available to meet a student's prospective educational and living expenses while in the U.S. Therefore, Oral Roberts University requires a guarantee of financial resources from each applicant who expects to obtain or maintain Student (*F-1*) status.

Applicants are required to submit financial documentation that **equals or exceeds one full year of expense**, for the program of study they are interested in pursuing. Adjustments in the financial certification cannot be adjusted based on a student's individual circumstances. This estimate is based upon 12-18 hours each semester for undergraduate studies or 9 hours each semester for graduate business studies. A Certificate of Eligibility (*Form I-20*) will not be issued until this information is provided. Financial documentation is valid for six months from date of signature on this form and date of bank statement submitted.

Although scholarships are available for qualified international students, they only cover a small portion of tuition and in most cases may not be relied upon to cover all educational costs. Therefore, the Financial Guarantee Form or bank statement should reflect full educational costs for the first year of schooling as required by Federal laws. For more information regarding scholarship opportunities available at ORU, please visit www.oru.edu/finaid.

APPLICANT'S CERTIFICATION

(Please print)

Applicant's Name: _____
Last/Family Name First/Given Name Middle Name

Expected enrollment date: ☐ Fall (*August*) ☐ Spring (*January*) ☐ Summer (*May*) _____ (*Year*)

I guarantee that I will have sufficient funds available to meet the estimated educational expenses for each year that I study at ORU. I certify that I can make the necessary arrangements to have all funds transferred to the United States and that I will have adequate funds for my travel to and from the United States. I understand that tuition is payable at the beginning of each semester. These funds of \$ _____ per year will be provided by (check one):

☐ my family ☐ my own savings ☐ Other (*specify*) _____

If you are married and your spouse and/or children will accompany you to the U.S., please provide the following information for each individual. Additional funds must be added to the financial guarantee form to support your dependants amounting to \$6,000 for a spouse and \$4,000 for each child.

Last, First Name	Date of Birth	Country of Birth	Country of Citizen-ship	Relationship

Signature of Applicant _____ **Date** _____



GRADUATE SCHOOL OF BUSINESS 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 submit completed form to:

Oral Roberts University

Office of International Admissions

7777 South Lewis Avenue

Tulsa, Oklahoma 74171-0001

918.495.6488 *phone*

918.495.6222 *fax*

Bank seal or stamp



GRADUATE SCHOOL OF BUSINESS APPLICATION

SEVIS TRANSFER REQUEST FOR INTERNATIONAL STUDENTS ONLY

This form is only for 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 ORU 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: _____

_____ is in valid F-1 status ☐ Yes ☐ No
(Student's Name)

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. _____

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
ATTN: International Coordinator
7777 South Lewis Avenue
Tulsa, Oklahoma 74171-0001

918.495.6488 *phone*
918.495.6222 *fax*