LE MOYNE

Spirit. Inquiry. Leadership. Jesuit.





Application for Graduate Business Programs

LE MOYNE COLLEGE

MADDEN SCHOOL OF BUSINESS GRADUATE PROGRAMS

Instructions for Application Completion

A graduate business program candidate may take as many as two courses (six credits) as a nonmatriculated student. A third course will not be permitted until admission is awarded. Therefore, a graduate business program candidate should fulfill all application requirements before registering for a third course.

Before registering for courses, an applicant must schedule an advising appointment with the graduate program director. Course selection will be discussed and course waivers will be granted, if applicable.

APPLICATION DEADLINES

Admission decisions for the graduate business programs follow a rolling admission policy with the following deadline guidelines:

July 1 – Fall matriculation

November 1 – Spring matriculation

April 1 – Summer matriculation

March 15 – The 150-hour Accounting MBA deadline (available only to Le Moyne College accounting students)

ADMISSION NOTIFICATION

Admission notification will be made by official letter within two weeks of the completed application process.

All application materials must be submitted to the Office of Graduate Admission. The following are required for

APPLICATION CHECKLIST

pplication cor	npletion:
	Completed Application
	An Earned Bachelor's Degree
	Official Graduate Management Admission Test (GMAT) or Graduate Record Exam (GRE) report - Please have official score report sent directly to Le Moyne College.
	Official Transcripts – Please have an official transcript from all undergraduate and graduate colleges and/or universities attended sent directly to you to include in the application packet or you may have it sent directly to the Office of Graduate Admission at Le Moyne College. (For this application, Le Moyne will provide an official Le Moyne transcript for alumni).
	Two Letters of Recommendation – Submit the attached form to two professionals and/or academic advisors who can attest to your ability to be successful in a graduate program. Please have them sign over the sealed back of the envelope before sending the letters of recommendation to you.
	Résumé
	Advising Appointment – Schedule an advising appointment with the graduate program director by calling (315)

INTERNATIONAL APPLICANTS

- A Test of English as a Foreign Language (TOEFL) or International English Language Testing System (IELTS) score report is required of non-native English speaking applicants in addition to the GMAT or GRE. A score of at least 79 is required on the TOEFL or at least 6.5 on the IELTS.
- International applicants must have a course-by-course transcript evaluation completed by World Education Services (wes.org). It must also show that a bachelor's degree equivalent to one in the United States has been earned.
- In order to qualify for the Certificate of Eligibility (Form I-20) for an F-1 student visa, students must be admitted into the program full time and provide proof of sufficient funding for at least the first year of graduate study. To do so, students need to complete the Le Moyne College Certificate of Finance found at www.lemoyne.edu/foreign_financial.

COMPLETED APPLICATION PACKET

Please send completed application and application materials to:

445-4786. Date of appointment:

Office of Graduate Admission

Le Moyne College

Grewen Hall 204 Phone: (315) 445-5444 1419 Salt Springs Road Fax: (315) 445-6092

Syracuse, NY 13214-1301 Email: GradAdmission@lemoyne.edu

Note: New York state law requires all students to submit immunization records before registering for courses. Please find instructions, the Immunization Record and the Meningococcal Meningitis Vaccination Response forms at www.lemoyne.edu/health_center. If you have questions, please contact Student Health Services at (315) 445-4440.

LE MOYNE COLLEGE MADDEN SCHOOL OF BUSINESS

GRADUATE PROGRAMS

APPLICATION FOR ADMISSION

PERSONAL DATA

Date		
Legal Name (Last, First, Middle)		Other Name, if Applicable
Permanent Address		
City	State	ZIP Country
Phone Cell Home ()		Email
Date of Birth Month Day	Year	Female
Do you consider yourself to be Hispanic/Latin	o? • Yes	No
In addition, select one or more of the following	g racial categori	eies to describe yourself:
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American	☐ Native☐ White	e Hawaiian or Other Pacific Islander
Citizenship		
U.S. permanent resident visa, PRA#	ege? 📮 Yes	
Attendance at a specialized graduate forum/f		☐ Alumnus/a (name)
Program brochure		☐ Placement/career counseling office at your undergraduate school
Open house/campus visit		☐ Employer
College Guide listing		Friend/co-worker
☐ Television ad		☐ Relative
🗖 Radio ad		☐ Le Moyne College website
Printed ad (what publication)		
Admission representative		-
Program of Study		
I am applying to the following program \Box MB	A 🖵 MSIS	☐ SUNY ESF 4+1 program ☐ Cazenovia College 4+1 program
☐ MBA/School District Business Leader (SDBI	.) 🖵 15	50-hour Accounting MBA (available only to accounting students in

their junior year at Le Moyne College)

ACADEMIC PLAN						
I am applying for the following so	emester 🗖 Fall 📮	Spring 🖵 Sum	nmer Year			
I plan to study $\ \square$ Full time (nin	ne or more credits)	☐ Part time				
A CARENGO ILICTO	D.V.					
ACADEMIC HISTOR	R Y					
List below the colleges from which request that each of these institu						
Admission at Le Moyne College.		niscripts to you re	or inclusion in you	ш аррпсацоп раске	of directly to the	Office of Oraquate
Institution	Dates	Major	Degree	Check if	Date	GPA
(State, Country)	Attended	Field	Earned	Non-degree	Awarded	(4.0 scale)
Have you ever been found respor national equivalent) forward, wh removal, dismissal or expulsion fr	ether related to acade	emic misconduct		·	_	
Have you ever been convicted of	a felony or misdeme	anor? 🗖 No [☐ Yes			
If you answered yes to either or be the circumstances.	ooth questions, please	attach a separat	e sheet that gives	the approximate dat	e of each incident	and explanation of
Other						
Are you eligible to receive Veters	an's benefits? 📮 No	☐ Yes				
Current or Mos	T RECENT I	EMPLOYM	ENT			
Current or Most Recent Employe	er			_ Job Title		
Dates of Employment				Are you	employed 🖵 Full	time 🖵 Part time
Employer Address						
Does your employer provide tuiti	on benefits? 🖵 No	☐ Yes				
References						
Please list the names of two profe	essional and/or acade	mic references w	ho you will ask to	complete the attach	ed Recommendati	on forms.
1. Name			R	elationship		
2. Name			R	elationship		

STATEMENT OF PURPOSE

Please write a brief essay stating, as specifically as possible, your educational and career goals. In graduate business program at Le Moyne College. (Attach additional pages if necessary.)	ndicate what you plan to accomplish by enrolling ir
certify that the information I have provided on this application is correct and complete. I unapplication or giving false information will make me ineligible for admission.	derstand that withholding information on this
Signature of Applicant	Date
Your signature is necessary in order to process the application.)	

LE MOYNE COLLEGE

MADDEN SCHOOL OF BUSINESS GRADUATE PROGRAMS

RECOMMENDATION FORM

To the Applicant: This form should be given to two professional colleagues, preferably one of whom can speak to your academic abilities and the other to your professional abilities as evidence of your qualifications for graduate study.

TO BE COMPLETED BY A	PPLICANT			
Name (First, MI, Last)			Dat	e
Address	City		State	ZIP
Phone 🖵 Cell 🖵 Home ()	Email			
Program applying to: MBA MSIS	☐ SUNY ESF 4+1 program	☐ Cazenovia Col	lege 4+1 program	
☐ MBA/School Distr	ict Business Leader (SDBL)	☐ 150-hour Acco	ounting MBA	
Please Provide Name of Reference				
In accordance with the Family Educational Right	ts Privacy Act of 1974, please che	ck one: 🗖 I do 📮	I do not waive my right to	o read this recommendation
Signed			Date	
TO BE COMPLETED BY EXPRING THE PROPERTY OF THE			Dat	e
Organization				
Address		City	State	ZIP
Phone ()	Email			
How long have you known the applicant?				
How well do you know the applicant? \Box Ve	ry Well 🗖 Well 📮 Somew	hat		
In what capacity have you known the applica	nnt?			
Personal and Professional Appraisal:				

Please check the category that best indicates your evaluation of the applicant in terms of the listed characteristics.

		Above		Below	
Characteristics	Superior	Average	Average	Average	No Basis for Evaluation
Academic Potential					
Leadership Ability					
Professional Competence					
Sense of Honesty and Integrity					
Ability to Work and Cooperate with Others					
Time Management Skills					
Ability to Work Independently					
Reliability					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Skills					

	al space if necessary. (Optional fo	le a brief assessment of the applicant's abili r faculty recommending Le Moyne Colleg	
Danaman darkar Lau 1	mah ahilian a a a a a 1	1	
Recommendation based on applica			□ D
☐ Strongly recommend	Recommend	☐ Recommend with reservations	☐ Do not recommend
To the evaluator: Please return this envelope seal.	recommendation to the person	requesting your assistance in a sealed enve	lope with your signature across the
Signed		Date	

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To the Applicant: This form should be given to two professional colleagues, preferably one of whom can speak to your academic abilities and the other to your professional abilities as evidence of your qualifications for graduate study.

Name (First, MI, Last)		D	ate
Address	City	State	ZIP
Phone 🖵 cell 📮 home ()	Email		
Program applying to: MBA MBA M	SIS 🗖 SUNY ESF 4+1 program 📮 Cazer	ovia College 4+1 program	
☐ MBA/School	District Business Leader (SDBL)	our Accounting MBA	
Please Provide Name of Reference			
In accordance with the Femile Educations	Rights Privacy Act of 1974, please check one: 🖵	I do III do not waive my right	r to read this recommendation.
in accordance with the rainily Educationa	Rights Privacy Act of 1974, please check one:	Tuo not waive my ngin	
	Rights Privacy Act of 1974, please check one:		
Signed		Date	
Signed	EVALUATOR	Date	
Signed	Z EVALUATOR	Date	
TO BE COMPLETED BY Name (First, MI, Last) Organization Address	Z EVALUATOR Jo	Date	ZIP
Signed	ZEVALUATOR Jo City	Date	ZIP
TO BE COMPLETED BY Name (First, MI, Last) Organization Address Phone () How long have you known the applicant	EVALUATOR Journal City Email	Date	ZIP

Please check the category that best indicates your evaluation of the applicant in terms of the listed characteristics.

		Above		Below	
Characteristics	Superior	Average	Average	Average	No Basis for Evaluation
Academic Potential					
Leadership Ability					
Professional Competence					
Sense of Honesty and Integrity					
Ability to Work and Cooperate with Others					
Time Management Skills					
Ability to Work Independently					
Reliability					
Oral Communication Skills					
Written Communication Skills					
Problem Solving Skills					

	nal space if necessary. (Option	provide a brief assessment of the applicant's ab mal for faculty recommending Le Moyne Colle	
D		1	
Recommendation based on applic			
☐ Strongly recommend	☐ Recommend	Recommend with reservations	☐ Do not recommend
To the evaluator: Please return the signature across the envelope seal		rson requesting your assistance in a sealed env	elope with your
SignedDate			

MADDEN SCHOOL OF BUSINESS MISSION STATEMENT

The Madden School of Business strives for excellence through a business core curriculum and selected majors that provide a strong grounding in broad-based fundamental business knowledge and skills to prepare students for meaningful and productive careers as managers and professionals.

LE MOYNE COLLEGE MISSION STATEMENT

Le Moyne College is a diverse learning community that strives for academic excellence in the Catholic and Jesuit tradition through its comprehensive programs rooted in the liberal arts and sciences. Its emphasis is on education of the whole person and on the search for meaning and value as integral parts of the intellectual life. Le Moyne College seeks to prepare its members for leadership and service in their personal and professional lives to promote a more just society.

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GradAdmission@lemoyne.edu

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Le Moyne College Mitchell Hall 102 1419 Salt Springs Road Syracuse, NY 13214-1301

PH: (315) 445-4786 FAX: (315) 445-4787 business@lemoyne.edu

Le Moyne College is an affirmative action/equal opportunity employer and equal opportunity institution.

NONDISCRIMINATION STATEMENT Le Moyne College is an Affirmative Action/Equal Opportunity Employer, and does not discriminate on the basis of race, color, gender, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin. For more information visit www.lemoyne.edu/compliance.