



EXECUTIVE MASTER OF BUSINESS ADMINISTRATION

# UALR EXECUTIVE MBA PROGRAM

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## ADMISSION APPLICATION

UNIVERSITY OF ARKANSAS AT LITTLE ROCK  
EXECUTIVE MBA PROGRAM  
COLLEGE OF BUSINESS  
2801 SOUTH UNIVERSITY AVENUE  
LITTLE ROCK, AR 72204-1099

# APPLICATION INSTRUCTIONS

## EXECUTIVE MBA PROGRAM



Applications for admission to the Executive MBA program at UALR must include the following:

- **Official transcripts** (mailed by an institution of higher learning) from every college or university attended. *See enclosed Transcript Request Form. Make additional copies of this form, if needed.*
- **Sponsor's Agreement** signed by employer.
- **Three EMBA Recommendation Forms** – One of these recommendations must be from your immediate supervisor. The other two from professors or professional colleagues.
- **Application for Admission to the UALR Executive MBA Program.**
- **Proof of Immunization Form** – Students born after January 1, 1957 must provide proof of immunization against measles and rubella.
- A current **resumé**.
- **\$150 application fee. Make check payable to UALR.**

International Students must also submit:

- Non-refundable \$30 international application fee. Make checks payable to UALR.
- Test of English as a Foreign Language (TOEFL) score or copy of Certificate of Naturalization.
- Certificate of Financial Responsibility or copy of resident alien visa (green card).
- Proof of health and accident insurance.

Send all documents to:  
**The Executive MBA Program**  
**UNIVERSITY OF ARKANSAS AT LITTLE ROCK**  
**College of Business**  
**2801 S. University Ave.**  
**Little Rock, AR. 72204-1099**

If you have questions please call our Director of EMBA and External Affairs at 501-569-8863.

# TRANSCRIPT REQUEST FORM

## EXECUTIVE MBA PROGRAM



To the applicant: Please complete the information requested below and forward this form to each college and university you have attended. We must have official transcripts for all college courses.

Office of the Registrar

College/University \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please send a copy of my transcript to:

**The Executive MBA Program**  
**UNIVERSITY OF ARKANSAS AT LITTLE ROCK**  
**College of Business**  
**2801 S. University Ave.**  
**Little Rock, AR. 72204-1099**

I first enrolled in your school in \_\_\_\_\_ and was last enrolled there in \_\_\_\_\_

My student number was \_\_\_\_\_ My Social Security Number is \_\_\_\_\_

My name then was \_\_\_\_\_ DOB \_\_\_\_\_

My current address is:

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Please Print name

**ATTENTION APPLICANT: SEND THIS FORM TO YOUR UNIVERSITY. NOT UALR COLLEGE OF BUSINESS**

# SPONSOR'S AGREEMENT EXECUTIVE MBA PROGRAM



UNIVERSITY OF ARKANSAS AT LITTLE ROCK  
The Executive MBA Program  
College of Business  
2801 S. University Ave.  
Little Rock, AR. 72204-1099

Telephone: 501-569-8863 - Fax: 501-569-8898

Name of Candidate \_\_\_\_\_

Job Title \_\_\_\_\_

Organization \_\_\_\_\_

## Executive MBA Program Attendance:

If the above named candidate is admitted into the Executive MBA Program at the UNIVERSITY OF ARKANSAS AT LITTLE ROCK, our organization will allow him/her to attend all regularly scheduled residency periods, international experiences, and class meetings.

## Authorizing Official:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Executive MBA Program Costs:

Our organization will pay directly the Executive MBA Program charges for this candidate.

Please direct statements to: \_\_\_\_\_

Our organization will reimburse the candidate for all the Executive MBA Program charges.

We will reimburse the candidate for part of the Executive MBA Program charges.

Our Organization will not pay any of the Executive MBA Program charges.

## Official authorized to sign for the above statements:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# RECOMMENDATION FORM EXECUTIVE MBA PROGRAM



UNIVERSITY OF ARKANSAS AT LITTLE ROCK  
The Executive MBA Program  
College of Business  
2801 S. University Ave.  
Little Rock, AR. 72204-1099  
Telephone: 501-569-8863 - Fax: 501-569-8898

Name of Candidate (please print) \_\_\_\_\_

To the Applicant: Please indicate your full name above. Give this form to the person you have asked to recommend you for the Executive MBA Program.

To the Recommender: The person named above is applying to the Executive MBA Program at the University of Arkansas at Little Rock and has requested that your evaluation be included as part of the information used for admission consideration. We place a great deal of importance on comments from recommenders and would appreciate your candid evaluation of the applicant. We realize this requires time and effort on your part and thank you in advance.

Please respond to the following questions. Please type or print. After completing this form, mail it directly to the following address:

**The Executive MBA Program  
University of Arkansas at Little Rock  
College of Business  
2801 S. University Ave.  
Little Rock, AR. 72204-1099**

How long have you know the applicant and in what capacity?

Please comment on the applicant's qualifications for graduate study in management. Include major strengths, weaknesses, interpersonal skills, and leadership capabilities in your comments. Does this applicant have the potential for growth as a responsible and successful manager?

Please provide any further comments that you feel would aid the committee in the evaluation of the applicant. Additional pages may be attached as needed.

**Please rate the applicant in the following areas:**

	<b>SUPERIOR</b>	<b>ABOVE AVERAGE</b>	<b>AVERAGE</b>	<b>BELOW AVERAGE</b>	<b>NOT OBSERVED</b>
<b>INTELLECTUAL ABILITY</b>					
<b>LEADERSHIP POTENTIAL</b>					
<b>ABILITY TO WORK WELL WITH OTHERS</b>					
<b>MATURITY</b>					
<b>MOTIVATION</b>					
<b>SELF-CONFIDENCE</b>					
<b>PERSONAL INTEGRITY/ETHICS</b>					
<b>TIME MANAGEMENT</b>					
<b>ORAL COMMUNICATION SKILLS</b>					
<b>WRITTEN COMMUNICATION SKILLS</b>					
<b>MANAGEMENT SKILLS</b>					
<b>CREATIVITY AND IMAGINATION</b>					

- Recommend
- Recommend with reservation
- Not Recommend

My reservations, if any, are \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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<b>CREATIVITY AND IMAGINATION</b>					

- Recommend
- Recommend with reservation
- Not Recommend

My reservations, if any, are \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# RECOMMENDATION FORM EXECUTIVE MBA PROGRAM



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<b>CREATIVITY AND IMAGINATION</b>					

- Recommend
- Recommend with reservation
- Not Recommend

My reservations, if any, are \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

# APPLICATION FOR ADMISSION EXECUTIVE MBA PROGRAM



1. SSN \_\_\_\_\_  
 Legal name \_\_\_\_\_ Present address \_\_\_\_\_  
 Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
 How long have you lived at this address? \_\_\_\_\_  
 If less than 6 months list former address \_\_\_\_\_  
 E-mail address \_\_\_\_\_

2. When do you plan to begin graduate study?  
 Year and month \_\_\_\_\_

3. List any other names used on transcripts from  
 other school \_\_\_\_\_  
 \_\_\_\_\_

4. Have you applied previously to UALR?  
 Yes  No  
 If yes, under what name? \_\_\_\_\_

5. Have you previously attended UALR?  
 Yes  No  
 If yes, as  Undergraduate  Graduate  
 Both

6. Are you attending college now?  Yes  No  
 If yes, as  Undergraduate  Graduate  
 If yes, what University?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Racial/Ethnic identification  
 (Office of Civil Rights use only)

- White, non-Hispanic
- Black, non-Hispanic, or African
- Hispanic: Mexican, Puerto Rican, Cuban,  
Central or South American
- American Indian or Alaskan Native
- Asian, Pacific Islander, or Middle Eastern

8. Veteran Status

- Veteran
- Not a Veteran

9. Citizenship

- U.S. native
- U.S. naturalized
- Resident alien, citizen of \_\_\_\_\_
- Nonresident, visa type \_\_\_\_\_

10. Native language

- English  Other \_\_\_\_\_

11. Male  Female

12. Date of birth \_\_\_\_\_  
 Place of birth \_\_\_\_\_

13. List in chronological order (most recent first) ALL the colleges and universities where you earned undergraduate credit, and ALL colleges and universities where you have earned graduate credit. You must have original copies of your transcripts sent from all listed universities and colleges to the UALR EMBA Program.

College	City/State	Dates attended	Degree

14. What is your total undergraduate GPA (4.00 scale)? \_\_\_\_\_ For the last 60 hours of undergraduate work? \_\_\_\_\_  
 I understand that I shall not be considered for admission to the University of Arkansas at Little Rock until I have submitted all credentials specified. I agree to inform the graduate office of any change in my plans to attend the University. I certify that all of the information on this form is true. I understand that withholding information or submitting inaccurate information may make me ineligible for admission and enrollment and subject to dismissal from the Graduate School.

Date \_\_\_\_\_ Signature \_\_\_\_\_

DO NOT WRITE IN THIS BOX

DATE RECEIVED \_\_\_\_\_ DATE COPY FORWARDED \_\_\_\_\_ ON COMPUTER \_\_\_\_\_ WORKSHEET \_\_\_\_\_

# APPLICATION FOR ADMISSION EXECUTIVE MBA PROGRAM



## Company and Employment Data

Name of Company: \_\_\_\_\_

Your Title: \_\_\_\_\_ Your Supervisor's Title (Not Name): \_\_\_\_\_

Total years of full-time employment: \_\_\_\_\_ Total years of management experience: \_\_\_\_\_

Indicate number of personnel reporting directly to you. \_\_\_\_\_

(Attach organizational chart if available.)

What is the approximate dollar amount of annual operating budget for which you are responsible? \_\_\_\_\_

Please give range of annual salary averaged over the past three years and monetary bonuses, commissions, merit increases, etc.

- Below \$50,000     \$50,000-\$74,999     \$75,000-\$99,999     \$100,000-\$149,999  
 \$150,000-199,999     \$200,000 +

## Computer Proficiency

The Executive MBA program will utilize the Microsoft Office Suite products. Please indicate your level of proficiency with the following:

	Little/None	Average	High
Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PowerPoint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# APPLICATION FOR ADMISSION EXECUTIVE MBA PROGRAM



## Management Areas

Please assess your proficiency in the following business functions. This information will be used to form study teams.

	Little/None	Average	High
Accounting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing People	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marketing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operations Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quantitative Methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Recommendations (List names of persons who will be submitting recommendations.)

1. \_\_\_\_\_  
Name Organization Relationship

2. \_\_\_\_\_  
Name Organization Relationship

3. \_\_\_\_\_  
Name Organization Relationship

## Essays (Attach typed or word processed responses to the following questions. Please be complete but concise.)

1. What are your short term (up to 5 years) and your long term (10 years and beyond) career goals?
2. Why do you want to pursue an Executive MBA degree?
3. What do you believe qualifies you for the EMBA Program? What strengths would you bring to the classes?
4. Please list the business/professional/community organizations in which you are active.

I understand that I shall not be considered for admission to the Executive MBA Program at the UNIVERSITY OF ARKANSAS AT LITTLE ROCK until I have submitted all credentials specified. I agree to inform the EMBA Program and the graduate office of any change in my plans to attend the University. I certify that all of the information on this form is true. I understand that withholding information or submitting inaccurate information may make me ineligible for admission and enrollment and subject to dismissal from the Program and the Graduate School.

Signature

Date

# IMMUNIZATION FORM GRADUATE SCHOOL



UNIVERSITY OF ARKANSAS AT LITTLE ROCK | 2801 SOUTH UNIVERSITY AVENUE | LITTLE ROCK, AR 72204-1099

## ARKANSAS CERTIFICATION OF IMMUNIZATION FOR INSTITUTIONS OF HIGHER EDUCATION

In compliance with Arkansas state law, the University of Arkansas at Little Rock requires all students born after January 1, 1957, to provide proof of immunity against measles and rubella.

Name of Student: Last/First/Middle \_\_\_\_\_ Birth Date \_\_\_\_\_

Address: Street/City/State/Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### If you were born after January 1, 1957 you must

1.) Attach an official immunization record from another education institution in Arkansas (high school or college)\*

OR

2.) Attach an immunization certificate signed by a licensed medical doctor or an authorized public health department representative\*

OR

3.) Have a Section A or B completed and signed.

### A. DECLARATION

I hereby certify that the person named above

(1) has received measles vaccine on

MO/\_\_\_\_DAY/\_\_\_\_YR/\_\_\_\_

MO/\_\_\_\_DAY/\_\_\_\_YR/\_\_\_\_

(2) and received rubella vaccine\* on

MO/\_\_\_\_DAY/\_\_\_\_YR/\_\_\_\_

OR

(3) has the acceptance medical waiver for either or both vaccines checked under "Condition"

### Condition\*\*

- 1. A history of disease as confirmed by a positive laboratory test.
  - Measles
  - Rubella
- 2. Immune deficiency disease (i.e., combined immunodeficiency, agammaglobulinemia, or hypogammaglobulinemia of any class).
- 3. A family history of immune deficiency disease (see 1 above) unless immune deficiency has been ruled out in that person.
  - Generalized malignancy, leukemia or lymphoma currently or in the past.\*\*\*
  - Treatment with corticosteroids, alkylating drugs, anti-metabolites, or radiation.
- 4. Pregnancy
- 5. Receipt of immune globulin injections in the previous three months. (Vaccine should be given after three months have elapsed.)
- 6. A history of severe systemic allergic reaction\*\*\*\* after exposure to neomycin.
- 7. For measles, a history of severe systemic allergic reaction\*\*\*\* after ingestion of eggs.

\* Measles and rubella vaccines must have been received after the first birthday and after January 1, 1957.

\*\*Medical exemptions for conditions not listed may not be allowed unless approved by the Arkansas Department of Health. Physicians must contact the Arkansas Department of Health, Immunization Progra, 4815 West Markham Street, Little Rock, AR 72205-3867, telephone: (501) 661-2169.

\*\*\*Physicians are encouraged to test the immune function of those thought to be "cured"; if the immune function is adequate, immunization is encouraged

\*\*\*\* "Severe systemic allergic reaction" means a reaction involving at least one of the following systems: urticarial rash, swelling of the mouth and throat, difficulty breathing, hypotension, shock.

Signed: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Signee: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address of Signee: \_\_\_\_\_

# IMMUNIZATION FORM

## GRADUATE SCHOOL

### B. APPLICATION FOR RELIGIOUS EXEMPTION TO IMMUNIZATION REQUIREMENT OF INSTITUTIONS OF HIGHER EDUCATION

Section 4 of Act 1441 reads as follows:

The provisions of the Act shall not apply if the individual furnishes to the college or university written proof from a church or denomination official that such immunization conflicts with the religious tenets and practices of such recognized church or religious denomination of which said individual is an adherent or member.

To claim a religious exemption, students must demonstrate that the "religious tenets and practices" on which they base their objections to immunization are those of a "recognized" religion. Such evidence as a permanent address, existence of a written constitution or plan of organization, a written theology or statement of beliefs, certification of tax-exempt status, and copies of legal documents filed with any governmental agency will be considered. Students must also submit an explicit and specific statement of the church's or denomination's condemnation or disapproval of immunization, demonstrating why immunization is not allowed or approved. Personal or philosophical opposition to immunization without this specific doctrinal conflict is not a valid basis for an exemption.

\_\_\_\_\_  
Name of Church or Religious Denomination

ADDRESSES:

NATIONAL HEADQUATERS

LOCAL AFFILIATE

\_\_\_\_\_  
\_\_\_\_\_

CHURCH OFFICIAL:

\_\_\_\_\_  
\_\_\_\_\_

1. Please attach a copy of your doctrine or that part of it which specifies that immunizations conflict with the tenets and practices of your church or religious denomination and explain how this conflict is derived.
2. Please attach a copy of any legal documents filed with a local, state or national governmental agency.

#### DECLARATION

This is to certify that immunization conflicts with the religious tenets and practices of \_\_\_\_\_

\_\_\_\_\_  
(Name of Church or Religious Denomination)

of which \_\_\_\_\_  
(Student's name, Address, Phone)

is an adherent or member \_\_\_\_\_  
(Signature of Church or Denomination Official)

State of \_\_\_\_\_ County of \_\_\_\_\_ on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me the said  
named \_\_\_\_\_ to me known and known to me to be the person described me in and  
who executed the foregoing instrument and he (or she) acknowledges that he (or she) executed the same  
and being duly sworn by me, made oath that the statements in the application are true.

Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_