

### **Application Procedures and Inventory Listing**

Sellinger School of Business and Management: Graduate Cyber Security Certificate

| Name:  |   |
|--|---|
| Priority Applicati   | on Date: December 1   |
| <b>Inventory Listin</b>  | g:  |
|  | that all appropriate boxes have been checked on this form and include this inventory listing with rials you send to the Office of Graduate Admission.   |
| ☐ Transcripts (offic☐ Current résumé o☐ WES Evaluation☐ TOEFL Score Re | n form 60 application fee ial - in sealed envelopes) r vitae (please forward via email to graduate@loyola.edu) and Translation - Required only for college or university studies pursued outside the United States port - Required only if English is not your native language or if you have not completed a degree glish. Score cannot be more than two years old.* |
| *Loyola's institution  | code is 5370  |
| Please send all requ   | ired documents to:  |
|  | Loyola University Maryland Graduate Admission Processing Center P.O. Box 1447   |

**Note:** No action can be taken on your application for admission until all required materials, fees, and transcripts are received.

Beltsville, MD 20704



# Sellinger School of Business and Management Application for Admission

### **Graduate Cyber Security Certificate**

CITY

STATE

| Priority Applic     | cation Deadli      | <b>ne:</b> December 1   |             |                 |                 |  |
|---------------------|--------------------|---|-------------|-----------------|-----------------|--|
| Start Term: S       | Spring 20          | -   |             |                 |                 |  |
|                     |                    | ission decisions will be m<br>s received after the prior            |             |                 |                 |  |
| Personal Data:      |                    |   |             |                 |                 |  |
| Legal Name:         | DR/MR/MRS/MS/OTHER | LAST  | FIRST       | MI              | JR/III/ETC.     |  |
| Former Name(s):_    | former Name(s):    |   | Preferred N | Preferred Name: |                 |  |
| Permanent Addres    | s:                 | NUMBER AND STREET   |             |                 |                 |  |
| EITY                | STATE              |   | COUNTRY     |                 | ZIP/POSTAL CODE |  |
| Mailing address:    |                    |   |             |                 |                 |  |
|                     |                    | NUMBER AND STREET   |             |                 |                 |  |
| CITY                | STATE              |   | COUNTRY     | ZIP/POST        | AL CODE         |  |
| Phone: Home:        |                    | Work:   |             | Cell:           |                 |  |
| Preferred E-mail a  | ddress:            |   |             |                 |                 |  |
| Demographic Ir      | nformation         | Gender: Male Fe   | emale       |                 |                 |  |
| Date of Birth       | MO/DAY/YR          | Place of Birth  |             | Citizenship*    |                 |  |
| Are you a permane   | ent resident of th | e United States? Yes  | No          | Visa Type       |                 |  |
|                     |                    | ARE REQUIRED TO PROVIDE PROOF O<br>U ARE REQUIRED TO COMPLETE THE I |             |                 |                 |  |
| Employment          |                    |   |             |                 |                 |  |
| Present Position: _ |                    |   | Length in F | Position:       |                 |  |
| Employer:           |                    |   |             |                 |                 |  |
|                     |                    |   |             |                 |                 |  |

COUNTRY

ZIP/POSTAL CODE

#### **Educational Background**

TO ENROLL NON-IMMIGRANT, ALIEN STUDENTS

List ALL colleges/universities attended. You are <u>required</u> to submit official transcripts from each institution.

| College/University   | Attendance Dates  | Degree/Certificate  | Completion Date   |
|--|---|---|---|
|  |   |   |   |
|  |   |   |   |
|  |   |   |   |
|  | L   |   |   |
| Self Reported GPA  | Undergraduate   | Graduate (if applicabl  | e)  |
| Student Classification (see  | elect one)  |   |   |
| First Time Loyola Gradua Former Loyola Gradua  | luate Applicant<br>te Student Returning to New  | Program   |   |
| Personal Statement Describe your leadership exp you are applying will help yo          |   |   | and how the program to which  |
| The following questions are Are you of Hispanic or Latin                               |   |   |   |
| What is your race? Select or   | ne or more of the following   | categories:   |   |
|  | Indian or Alaska Nativewaiian or Other Pacific Islan  |   |   |
|  |   |   |   |
| Certification I affirm that the information I have true to the best of my knowledge. I | provided on this application form a<br>have authorized each college or uni<br>upon request by Loyola University       | nd all other admission application<br>versity I have attended to release<br>Maryland. I agree to submit oth | n materials are complete, accurate and<br>academic and personal information as<br>er materials that are required for this<br>cation may result in cancellation of |
| Signature  |   | Date  |   |
| AND ACTIVITIES OR WITH RES<br>ENSURE COMPLIANCE WITH T<br>OF THE REHABILITATION ACT    | N, AND DISABILITY IN THE AL<br>SPECT TO ADMISSION AND EM<br>ITLE IX OF THE EDUCATION A<br>OF 1973, AS AMENDED, IS GEO | DMINISTRATION OF ANY OF<br>PLOYMENT. THE DESIGNAT<br>MENDMENT(S) OF 1972, AS A<br>DRGE CASEY, ASSISTANT VI  | ITS EDUCATIONAL PROGRAMS<br>ED COMPLIANCE OFFICER TO<br>AMENDED, AND WITH SECTION 504   |

\* All application materials, once submitted, become the property of Loyola University Maryland and cannot be returned.



## **Graduate Programs Transcript Request**

**To the Applicant: Send this form to each institution you attended.** Many institutions charge a fee for official transcripts. To avoid delays, check each institution's policy in advance.

| Name:                             |                                |                      |                 |
|-----------------------------------|--------------------------------|----------------------|-----------------|
| Name:                             | FIR                            | ST                   | MIDDLE          |
| Mailing Address:                  | ER AND STREET                  |                      |                 |
|                                   |                                |                      |                 |
| CITY                              | STATE                          | COUNTRY              | ZIP/POSTAL CODE |
| Name of institution attended:     |                                |                      |                 |
| Date of enrollment: From          | MONTH/YEAR                     | TOMONTH/YEAR         |                 |
| Former and/or other name(s) whi   | ile attending this institution | on:                  |                 |
| I hereby authorize the release of | my transcript to Loyola U      | Iniversity Maryland. |                 |
| Signature                         |                                | Date                 |                 |

**To the Registrar:** The person submitting this form is applying to the Graduate Programs at Loyola University Maryland. The Office of Graduate Admission at Loyola requests that you attach a copy of the applicant's official academic record to this form and insert the materials into the envelope provided by the student or an envelope used for official correspondence. Seal the envelope and **sign across the flap** to ensure confidentiality. Thank you for your assistance. Return the sealed envelope to the applicant or mail directly to the **Loyola University Maryland**, **Graduate Admission Processing Center**, **P.O. Box 1447**, **Beltsville**, **MD 20704**.