

Master of Accounting Program Application

Required Student Information

Name					
First A Mailing address		Mid	dle		Last
Ö					
	City		State		Zip
Iome Phon <u>e</u>			Work Phon <u>e</u>	2	
Mobile Phon <u>e</u>			E-mail Address		
Date of Birth			Male/Female (delete one)		
Citizenship					
Are you currently enrolled at Juniata College			If Yes Student ID#		
Previous Co College or University	ollege Education Program/Major	Dates Attended	Graduation Date	Degrees (earned or expected)	GPA



Activities Please list in ord community serv	der of importance the activities/vice.	clubs in which you participated	l. This includes
Activity	Office held/member	date participated	hours/week
Recommenda Please list the tv	ations vo people you have asked for re	commendations.	
	Name	Position/Organiza	ntion
Please make sur	re you have sent in		
ResumeGMAT ITwo lett	tion form results ers of recommendation transcript(s) of all College/Univ	rersity work	
All materials sh	ould be sent to		
	reet	ss, and Economics	
Signature of A	Applicant he following information given on	this for is accurate to the best of n	ny knowledge.
Signature		Date	