



**GRADUATE ACCOUNTANCY PROGRAMS
ADMISSION APPLICATION**

PLEASE READ INSTRUCTIONS CAREFULLY. TYPE OR PRINT IN INK.

Personal Information

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

ADDITIONAL LAST NAME(S) THAT MAY APPEAR ON TRANSCRIPTS _____

Current Mailing Address _____ Active as of _____
Month / Day / Year

STREET _____

TELEPHONE (_____) _____

CITY, STATE _____

WORK PHONE (_____) _____

ZIP AND COUNTRY _____

FAX (_____) _____

E-MAIL _____

SOCIAL SECURITY NO. (Optional) _____

Alternate Mailing Address _____ Active as of _____
Month / Day / Year

STREET _____

BIRTHDATE _____/_____/_____ MALE FEMALE

CITY, STATE _____

BIRTHPLACE _____
City and State or Country

ZIP AND COUNTRY _____

ALTERNATE TELEPHONE (_____) _____

LANGUAGE SPOKEN IN THE HOME _____

USD Plans

I am applying for entrance beginning in _____ (Month/Year)

I plan to attend graduate school FULL-TIME PART-TIME

Program Choice

Please indicate the program to which you are applying by checking the appropriate box.

Degree or Certificate Program

- Master of Science in Accountancy (MACC)
- Master of Science in Taxation (MTAX)
- Graduate Certificate in Accountancy
- Graduate Certificate in Personal Financial Planning

International Applicants and Permanent Residents

International Applicant

CURRENT VISA STATUS _____

- I REQUIRE A STUDENT VISA (F-1)
- I REQUIRE AN EXCHANGE VISITOR VISA (J-1)

OTHER _____

COUNTRY OF BIRTH _____

COUNTRY OF CITIZENSHIP _____

COUNTRY OF PERMANENT LEGAL RESIDENCY _____

NATIVE LANGUAGE _____

Permanent Resident

ALIEN REGISTRATION NUMBER _____

I AM A PERMANENT RESIDENT (NON-U.S. CITIZEN, NON-VISA)

COUNTRY OF CITIZENSHIP _____

NATIVE LANGUAGE _____

HOW LONG HAVE YOU BEEN IN THE UNITED STATES? _____

Recommenders

Please give the full name, address, and position of your three recommenders.

1. NAME _____ POSITION/TITLE _____
INSTITUTE/ORGANIZATION _____
ADDRESS _____
2. NAME _____ POSITION/TITLE _____
INSTITUTE/ORGANIZATION _____
ADDRESS _____
3. NAME _____ POSITION/TITLE _____
INSTITUTE/ORGANIZATION _____
ADDRESS _____

ACADEMIC INFORMATION

Test Data

List all dates on which you have taken or plan to take the Graduate Management Admissions Test (GMAT)

I have taken I will take the GMAT Month/Year _____/_____/_____ Month/Year _____/_____/_____ Month/Year _____/_____/_____

College/University Information

List in chronological order all colleges/universities from which you hold a degree; where you have taken undergraduate courses; where you have taken any graduate courses (including extension courses); and any college or university at which you have attempted any course work. **All transcripts must be on file before your application will be processed. Completion of the admission file is the responsibility of the applicant.**

1. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____
2. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____
3. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____
4. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____
5. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____
6. NAME OF INSTITUTION _____ STATE OR COUNTRY _____
ATTENDANCE DATES _____ DEGREE & MAJOR _____

Have you ever been placed on academic probation or academic dismissal by any college or university? Yes No

If yes, please explain: _____

Have you earned a bachelor's degree? Yes No Estimated Grade Point Average _____

Bachelor's degree graduation date _____

Have you completed any post-baccalaureate degrees, credentials or certificates? Yes No

If yes, please list: _____

ADDITIONAL INFORMATION

Employment Record

Please list any full-time, part-time or summer positions you have held. Start with your present position. Or, you are welcome to attach a resume describing the nature, scope and areas of responsibility of all work experience in lieu of completing this section.

1. POSITION _____ COMPANY _____
CITY & STATE _____ DATES _____ / _____ / _____ TO _____ / _____ / _____
Month/Year Month/Year
2. POSITION _____ COMPANY _____
CITY & STATE _____ DATES _____ / _____ / _____ TO _____ / _____ / _____
Month/Year Month/Year

Military Record

- BRANCH _____ DATES _____ / _____ / _____ TO _____ / _____ / _____
Month/Year Month/Year
- RANK AT ENTRY _____ RANK AT SEPARATION _____
- IF NOT SEPARATED, CURRENT RANK _____ MILITARY AWARDS OR HONORS _____

Professional or Community Involvement

List professional or community activities and any honors or awards earned. Use an extra sheet of paper if necessary.

1. ORGANIZATION OR ACTIVITY _____
DATES _____ / _____ / _____ TO _____ / _____ / _____ HOURS PER WEEK _____
Month/Year Month/Year
- OFFICES HELD, SPECIAL RECOGNITION, AWARDS _____
2. ORGANIZATION OR ACTIVITY _____
DATES _____ / _____ / _____ TO _____ / _____ / _____ HOURS PER WEEK _____
Month/Year Month/Year
- OFFICES HELD, SPECIAL RECOGNITION, AWARDS _____

Hobbies or Special Interests

STATEMENT OF PURPOSE

Please attach a brief narrative describing yourself, your career goals, and the importance of graduate study at this point in your life. You may discuss influences on your intellectual development, educational and cultural opportunities (or lack of them) which have been available to you, and the ways in which these experiences have affected you. This should not be a recording of facts already listed on the application; it should give the Director of the MAFM Program a better sense of who you are and why you are applying to graduate school at the University of San Diego. If you are now in a graduate program at another university, please explain why you wish to leave. (Guideline: 500 words or less).

I certify that the information on this application is true to the best of my knowledge. I have read all the instructions and I understand that refusal of admission or cancellation of registration will result from misrepresentation in any portion of this application form. I further understand that any submitted records and documents may not be photocopied for me or a third party and are non-refundable.

SIGNATURE _____ DATE _____

OPTIONAL STATISTICAL INFORMATION

This information will not be used in, or in any way affect, the admission decision. After a decision is made, however, certain facts may prove helpful in identifying candidates for specific privately-endowed scholarships, in reporting institutional statistics to the U.S. Office of Education, and in recognizing the needs in University planning. Your voluntary provision of this data is most appreciated.

Ethnic background (U.S. Citizen/Permanent Residents only)

- | | | |
|--|---|---|
| <input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE | <input type="checkbox"/> AFRICAN-AMERICAN/BLACK | <input type="checkbox"/> ASIAN AMERICAN |
| <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER | <input type="checkbox"/> PUERTO RICAN | <input type="checkbox"/> MEXICAN AMERICAN |
| <input type="checkbox"/> CUBAN AMERICAN | <input type="checkbox"/> OTHER HISPANIC OR LATINO | <input type="checkbox"/> WHITE/CAUCASIAN |

Religious Preference

- | | | | |
|-----------------------------------|--|--------------------------------|----------------------------------|
| <input type="checkbox"/> CATHOLIC | <input type="checkbox"/> PROTESTANT | <input type="checkbox"/> HINDU | <input type="checkbox"/> ISLAMIC |
| <input type="checkbox"/> JEWISH | <input type="checkbox"/> LATTER DAY SAINTS | <input type="checkbox"/> OTHER | |

Relatives Who Have Attended or Worked at the University of San Diego

1. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____
2. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____
3. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____
4. NAME _____ RELATIONSHIP _____
DATES OF ATTENDANCE/EMPLOYMENT _____

Application Influence

Rank numerically in priority order, the five (5) people, publications, or events which most influenced you to apply to USD. (Indicate the specific event or item on the line provided.)

- | | | |
|---|---|--|
| <input type="checkbox"/> USD ADMISSIONS OFFICER | <input type="checkbox"/> FRIEND | <input type="checkbox"/> USD INFORMATION SESSION |
| <input type="checkbox"/> USD ALUMNUS/A | <input type="checkbox"/> USD STUDENT | <input type="checkbox"/> MBA FORUM |
| <input type="checkbox"/> BARRON'S GUIDE | <input type="checkbox"/> USD FACULTY | <input type="checkbox"/> GRADUATE SCHOOL DAY |
| <input type="checkbox"/> FAMILY MEMBER | <input type="checkbox"/> PETERSON'S GUIDE | <input type="checkbox"/> USD PUBLICATION |
| <input type="checkbox"/> ADVERTISEMENT _____ | <input type="checkbox"/> USD WEBSITE | |
| <input type="checkbox"/> OTHER | | |

Who or what led you to apply to USD? _____

Please list the other graduate schools to which you are applying. _____

GRADUATE ACCOUNTANCY PROGRAMS APPLICATION CHECKLIST

The University of San Diego requests that you collect and submit your documentation, including official transcripts in sealed envelopes, with your application. **Incomplete application packets cannot be processed.**

All official transcripts should be sent directly to the Accountancy Program Office at the address below:

Dr. Diane D. Pattison
School of Business Administration
University of San Diego
5998 Alcalá Park
San Diego, CA 92110-2492

For additional information contact:

Dr. Diane D. Pattison
Phone: 619.260.4850
E-mail: Pattison@SanDiego.edu

All admission materials submitted are non-returnable.

Admissions Deadline

MACC/MTAX courses begin every 5 weeks. Admission may be granted at any time and students may begin their program of study subject to completion and approval of their MACC/MTAX Program Plan and meeting course prerequisites. However, MACC/MTAX applicants should be aware that the course offerings have been designed so that the ideal time to begin an MACC/MTAX degree program is in late May of each year.

Application Instructions

Please type or print clearly in ink. Use the following list to check each required item as it is completed.

Answer all the questions, including those that call for a **yes** or **no** response. If needed, attach an addendum to complete any questions on the application.

- Application Form and Essay (Attached)**
Complete the application form and provide a short essay response to the question about purpose and career. You may refer to your resume.
- Letters of Recommendation**
Minimum of three (3).
- College/University Transcripts**
Applicants must submit one official transcript in a sealed envelope from each college/university attended. This includes transcripts from junior/community colleges, transfer units from study abroad programs, summer courses and/or graduate work. Individual transcripts must be obtained from each college attended.
- Application Fee**
An application fee of \$80.00 must accompany the graduate application. Please make the check payable to: **University of San Diego**
This application fee is non-refundable.
- Resume**
A resume describing the nature, scope, and areas of responsibility of all work experience and your educational background should be attached.
- GMAT** if applicable (For more information on the GMAT, visit the following website: www.sandiego.edu/testprep or call 619.260.4579)
- TOEFL** if applicable.

ADDITIONAL REQUIREMENTS FOR INTERNATIONAL APPLICANTS:

International applicants can only be admitted to the MACC/MTAX programs with the BACC equivalent; the only exception to this rule are current USD undergraduate students pursuing the Bachelor of Accountancy degree. International applicants are advised to submit complete applications well in excess of the application deadline dates due to mailing delays in many countries. The \$80.00 non-refundable application fee must be in U.S. dollars and payable to the University of San Diego.

Financial Verification – International applicants are required to complete the *Declaration of Finances* form to certify that they possess sufficient funds to cover all fees, transportation, and living expenses.

English Language Requirements – All international students are required to submit results of the Test of English as a Foreign Language (TOEFL) and the Test of Written English (TWE). Note: the TWE is the required essay component of the computer based TOEFL.

Foreign Academic Records – Official records from foreign institutions must be sent directly to the Office of Graduate Admissions. All applicants are required to submit official records from each institution attended after secondary school. All documents must bear the seal and title of the authorizing official and must be in a sealed envelope. Transcripts issued in English by the academic institution are preferred. Otherwise, all transcripts that are not issued in English must be accompanied by a certified English translation from an approved agency. International applicants are required to have their transcripts evaluated by the International Education Research Foundation, Inc. (IERF) or World Education Services, Inc. (WES) Applicants must submit a Transcript Evaluation Report. Contact IERF, Inc., P.O. Box 3665, Culver City, CA 90231-3665, tel. 310.258.9451; info@ierf.org, <http://www.ierf.org> or WES, P.O. Box 26879, San Francisco, CA 94126, tel. 415.677.9378, sf@wes.org, <http://www.wes.org>.

POLICY OF NON-DISCRIMINATION

The University of San Diego does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, or sexual orientation in the admission or status of students.

Inquiries concerning the implementation of the University's non-discrimination policies may be addressed to:
USD Provost's Office, 5998 Alcalá Park, San Diego, CA 92110-2492



**MASTER OF SCIENCE IN ACCOUNTANCY (MACC)
MASTER OF SCIENCE IN TAXATION (MTAX)
RECOMMENDATION FORM
Accountancy Programs Applicants**

Name of Candidate

LAST _____ FIRST _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Name of Recommender

LAST _____ FIRST _____

TO THE CANDIDATE SUBMITTING THIS FORM: (SIGN ONE)

Confidential

I waive the right provided by the Family Educational Rights & Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of San Diego. The contents of this statement are to remain **CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

Non-Confidential

I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at the University of San Diego. The contents of this statement are **NOT CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

TO THE INDIVIDUAL COMPLETING THIS FORM:

We appreciate your answering the questions below in a specific, detailed and candid manner, noting, in particular, incidents which illustrate the candidate's maturity, intellectual capacity and initiative.

1. Under what circumstances have you known the applicant? _____

2. What do you consider the candidate's most outstanding talents or characteristics?

3. What are the candidate's chief liabilities or weaknesses? _____



4. Do you feel graduate study is appropriate for the applicant at this time? Why?

5. In comparison with other candidates for graduate schools whom you have known, how would you rate the applicant with respect to the following qualities:

	BELOW AVERAGE BOTTOM 1/3	AVERAGE MIDDLE 1/3	GOOD TOP 1/3	UNUSUALLY GOOD TOP 15%	OUTSTANDING TOP 7%	TRULY EXCEPTIONAL TOP 2%	INADEQUATE OPPORTUNITY TO OBSERVE
INTELLECTUAL CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION FOR GRADUATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMAGINATION/CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I strongly recommend . . . that the applicant be admitted to the University of San Diego graduate program.
 recommend . . .
 recommend with some reservations . . .
 do not recommend . . .

SIGNATURE OF RECOMMENDER _____ DATE _____

NAME OF RECOMMENDER (PRINTED) _____

INSTITUTION/ORGANIZATION _____

POSITION/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ CURRENT TELEPHONE NO.(_____) _____

Please mail recommendation to: Dr. Diane D. Pattison
School of Business Administration
University of San Diego
5998 Alcalá Park
San Diego, CA 92110-2492

Thank you for your assistance.



**MASTER OF SCIENCE IN ACCOUNTANCY (MACC)
MASTER OF SCIENCE IN TAXATION (MTAX)
RECOMMENDATION FORM
Accountancy Programs Applicants**

Name of Candidate

LAST _____ FIRST _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

Name of Recommender

LAST _____ FIRST _____

TO THE CANDIDATE SUBMITTING THIS FORM: (SIGN ONE)

Confidential

I waive the right provided by the Family Educational Rights & Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of San Diego. The contents of this statement are to remain **CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

Non-Confidential

I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at the University of San Diego. The contents of this statement are **NOT CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

TO THE INDIVIDUAL COMPLETING THIS FORM:

We appreciate your answering the questions below in a specific, detailed and candid manner, noting, in particular, incidents which illustrate the candidate's maturity, intellectual capacity and initiative.

4. Under what circumstances have you known the applicant? _____

5. What do you consider the candidate's most outstanding talents or characteristics?

6. What are the candidate's chief liabilities or weaknesses? _____



4. Do you feel graduate study is appropriate for the applicant at this time? Why?

6. In comparison with other candidates for graduate schools whom you have known, how would you rate the applicant with respect to the following qualities:

	BELOW AVERAGE BOTTOM 1/3	AVERAGE MIDDLE 1/3	GOOD TOP 1/3	UNUSUALLY GOOD TOP 15%	OUTSTANDING TOP 7%	TRULY EXCEPTIONAL TOP 2%	INADEQUATE OPPORTUNITY TO OBSERVE
INTELLECTUAL CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION FOR GRADUATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMAGINATION/CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I strongly recommend . . . that the applicant be admitted to the University of San Diego graduate program.

recommend . . .

recommend with some reservations . . .

do not recommend . . .

SIGNATURE OF RECOMMENDER _____ DATE _____

NAME OF RECOMMENDER (PRINTED) _____

INSTITUTION/ORGANIZATION _____

POSITION/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ CURRENT TELEPHONE NO.(_____) _____

Please mail recommendation to: Dr. Diane D. Pattison
School of Business Administration
University of San Diego
5998 Alcalá Park
San Diego, CA 92110-2492

Thank you for your assistance.



**MASTER OF SCIENCE IN ACCOUNTANCY (MACC)
MASTER OF SCIENCE IN TAXATION (MTAX)
RECOMMENDATION FORM
Accountancy Programs Applicants**

Name of Candidate

LAST _____ FIRST _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

Name of Recommender

LAST _____ FIRST _____

TO THE CANDIDATE SUBMITTING THIS FORM: (SIGN ONE)

Confidential

I waive the right provided by the Family Educational Rights & Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at the University of San Diego. The contents of this statement are to remain **CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

Non-Confidential

I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at the University of San Diego. The contents of this statement are **NOT CONFIDENTIAL**.

SIGNATURE OF APPLICANT _____ DATE _____

TO THE INDIVIDUAL COMPLETING THIS FORM:

We appreciate your answering the questions below in a specific, detailed and candid manner, noting, in particular, incidents which illustrate the candidate's maturity, intellectual capacity and initiative.

7. Under what circumstances have you known the applicant? _____

8. What do you consider the candidate's most outstanding talents or characteristics?

9. What are the candidate's chief liabilities or weaknesses? _____



4. Do you feel graduate study is appropriate for the applicant at this time? Why?

7. In comparison with other candidates for graduate schools whom you have known, how would you rate the applicant with respect to the following qualities:

	BELOW AVERAGE BOTTOM 1/3	AVERAGE MIDDLE 1/3	GOOD TOP 1/3	UNUSUALLY GOOD TOP 15%	OUTSTANDING TOP 7%	TRULY EXCEPTIONAL TOP 2%	INADEQUATE OPPORTUNITY TO OBSERVE
INTELLECTUAL CAPACITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK WITH OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MOTIVATION FOR GRADUATE STUDY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IMAGINATION/CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. I strongly recommend . . . that the applicant be admitted to the University of San Diego graduate program.
 recommend . . .
 recommend with some reservations . . .
 do not recommend . . .

SIGNATURE OF RECOMMENDER _____ DATE _____

NAME OF RECOMMENDER (PRINTED) _____

INSTITUTION/ORGANIZATION _____

POSITION/TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ CURRENT TELEPHONE NO. (____) _____

Please mail recommendation to: Dr. Diane D. Pattison
School of Business Administration
University of San Diego
5998 Alcalá Park
San Diego, CA 92110-2492

Thank you for your assistance.