PROGRAM OPTIONS

MBA PROGRAM:
- Accounting
- Accounting/Finance
- CPA Review
- Human Resources
- Management
- Management/Finance
- Management/Human Resources

DUAL DEGREE/CONCENTRATIONS:
- Accounting Dual Bachelor’s/Master’s
- Management Dual Bachelor’s/Master’s
- Information Systems Dual Bachelor’s/Master’s
- Law Enforcement Dual Bachelor’s/Master’s
- Health Care Administration Dual Bachelor’s/Master’s
- Sports Administration Dual Bachelor’s/Master’s

MIS PROGRAM:
- Business Analytics
- Information Systems Management
- Information Security

MASTER OF SCIENCE:
- Human Performance

MASTER OF MANAGEMENT:
- Health Care Administration
- Higher Education Administration
- Law Enforcement Administration
- Sports Administration

LOCATION OPTIONS

CAMPUS:
- Arlington Heights
- Chicago
- Elgin
- Lake County
- Orland Park
- Peoria

DIVISION:
- Day
- Evening
- Weekend

ENROLLMENT OPTIONS

- July
- September
- December
- February
- May

Year: ____________________
PLEASE PRINT  (Your name will be printed on all diplomas/degrees as it appears on this application)

PERSONAL INFORMATION

Social Security Number _____________ - ______ - ________
Required for U.S. Citizens and Permanent Residents applying for financial aid via FAFSA.

<table>
<thead>
<tr>
<th>First Name:</th>
<th>M.I.:</th>
<th>Last Name:</th>
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</thead>
<tbody>
<tr>
<td>Maiden Name:</td>
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</table>

Date of Birth: Month _______ Day _______ Year _______

Address: __________________________________________

Apt #: _______  City: ___________  State: _______  Zip: _______  Country: _______

Cell Phone: ( ) ________________ Work Phone: ( ) __________________

E-mail: ________________________________

EDUCATION

<table>
<thead>
<tr>
<th>University/College/Military</th>
<th>City/State</th>
<th># of Courses Completed or Degree(s) Awarded</th>
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<tbody>
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<td>__________________________</td>
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STUDENTS OFTEN POSSESS NUMEROUS LIFE AND PROFESSIONAL EXPERIENCES THAT DEMONSTRATE THE ABILITY TO BE SUCCESSFUL IN COLLEGE. IN ORDER FOR YOUR APPLICATION TO RECEIVE A MORE THOROUGH REVIEW, PLEASE PROVIDE ADDITIONAL INFORMATION BELOW.

RESUME, PERSONAL STATEMENT AND LETTERS OF RECOMMENDATION ARE REQUIRED UNLESS AN UNDERGRADUATE GPA OF 3.25 OR HIGHER WAS EARNED.

Certifications __________________________________________  Graduation Date: Month _______ Year _______

Current Place of Employment ________________________________  Job Title ______________

HAVE YOU TAKEN A STANDARDIZED TEST (GMAT OR GRE)?

If so, please have your scores sent to Robert Morris University, 401 South State Street, Chicago, IL 60605

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</tbody>
</table>

Date taken __________________________ Score __________________________________________
BACKGROUND INFORMATION (This information is requested for statistical purposes only)

SELECT ONE OR MORE OF THE FOLLOWING RACIAL CATEGORIES TO DESCRIBE YOURSELF:

Do you consider yourself to be Hispanic/Latino?  ❑ Yes  ❑ No
❑ American Indian or Alaska Native
❑ Asian
❑ Black or African American
❑ Native Hawaiian or Pacific Islander
❑ White
❑ Other

CITIZENSHIP:
❑ Citizen or national of the United States.
❑ Foreign, temporary non-resident of the United States.
   Country of Citizenship: ______________________________
❑ Non-citizen, lawful permanent resident of the United States.

Please read and individually acknowledge each section by initialing on the line to the left and sign at the bottom.

________ I hereby give Robert Morris University permission to use for its promotion and printed materials any University picture or employment information.

________ I understand that Robert Morris University Illinois (RMU) has announced its intent to integrate with Roosevelt University, and that an application to do so has been filed with the regional accrediting body - the Higher Learning Committee (HLC), with a decision expected in Spring 2020. If HLC approves the application, I understand that the degree and program I am applying for at RMU will be part of Roosevelt University, with no anticipated delays in my timeline to graduation due to the integration.

________ I declare to the best of my knowledge that the information listed above is true, correct and complete.

Signature ________________________________ Date ______________________

FOR OFFICE USE ONLY

Admissions Counselor ___________________________ Campus ___________________________

Start Month ___________________________ Program ___________________________ Fee ___________________________

Division ___________________________ Start Year ___________________________