Indiana University Northwest
School of Business & Economics

Application for Master of Business Administration Degree
MBA

To be completed by all graduate students expecting to complete their degree requirements during the current academic year.

Please Print Your Name
Exactly As You Want It To Appear On Your Diploma.

_____

First Name Middle Last Name

Social Security Number _____ - _____ - _____

Please print your permanent mailing address below. (This is the address that mail will reach you after graduation.)

_____

Street Address

_____

City State Zip

Your Spouse's Name : _____ Today's Date: _____

Current Phone, Days: _____ Eves: _____

Indicate during which semester you expect to complete your degree requirements:

_____ Fall Semester (December) 20_____

_____ Spring Semester (May) 20_____

_____ Summer (July / August) 20_____

Minor (if applicable): _____

DO YOU PLAN TO PARTICIPATE IN THE MAY COMMENCEMENT?
_____ yes _____ no

Return to,
Indiana University Northwest
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Gary, IN 46408
FAX: 219-980-6916