INTERNATIONAL APPLICATION FOR

Master of Arts in Coaching and Athletic Administration

For information on Undergraduate, Credential, or Colloquy, please contact the Admission Office for the appropriate application.

UNIVERSITY MISSION STATEMENT

Concordia University Irvine, guided by the Great Commission of Christ Jesus and the Lutheran Confessions, empowers students through the liberal arts and professional studies for lives of learning, service and leadership.

1530 Concordia West, Irvine, CA 92612-3203
Attn: MCAA Admissions

Admission Counselors:
Chris Lewis  |  Phone/fax: (949) 214-3025
Jon O’Neill  |  Phone/fax: (949) 214-3577

E-mail: gradadmissions@cui.edu

WWW.CUI.EDU/MCAA
Please send application form and requested items to:
Attn: MCAC Admissions
Concordia University
1530 Concordia West
Irvine, CA 92612-3203
or
gradadmissions@cui.edu

To complete your admission file we will need:
1. Completed Application
2. Application fee of $150 (USD)
5. TOEFL required if from a non-English speaking country.

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Please PRINT or type.

Applicant’s name ____________________________________________________________

Family Name ___________ First Name ___________ Middle Names ___________ Given Name ___________

Semester you plan to enroll at Concordia: 
- Fall 20____
- Summer 20____
- Spring 20____
- Winter 20____

US Address (if available)

Street ______________________________ City __________________________ State __________ Zip __________

Native Country Address

Street __________________________________________________________________________________________

City __________________________ Permant/Province __________________________ Postal Code __________

Facebook Email: ___________________________________________ Twitter Username: ________________

Cell phone: ( ____ ) ___________ - __________________

E-mail address: ____________________________________________

List only active address that you check frequently. This e-mail address will be used for electronic communication between the university and you.

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Personal Background

Date of birth ________/______/______ Place of Birth ___________________________________________________________

Month Day Year City State Country

Gender: 
- Male
- Female

Country of Citizenship: ________________________________

Native Language: ________________________________

Have you been found guilty, been adjudicated guilty, or otherwise been convicted of a crime in any court? (excluding minor traffic violations)

- Yes
- No

If you answered yes to either question above, please attach a full description including date(s) and disposition of case.

Where do you currently work? ____________________________________________

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Previous Education

1. College/University Name ____________________________________________ City __________________________ State __________

Dates attended ____________________________ Units completed at the time of application ________________

Degree and Date Received ________________ Cumulative GPA (based on a 4.0 scale) ________________

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2. College/University Name ____________________________________________ City __________________________ State __________

Dates attended ____________________________ Units completed at the time of application ________________

Degree and Date Received ________________ Cumulative GPA (based on a 4.0 scale) ________________

(List additional schools attended on a separate sheet.)

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TOEFL Test Date: ____________________________ TOEFL Test Score: ____________________________ (Write N/A if you have not taken the TOEFL.)
RELIGIOUS AFFILIATION

- Lutheran Church – Missouri Synod
- Baptist
- Evangelical Lutheran Church of America
- Catholic
- Non-Denominational Christian
- Methodist
- Presbyterian
- None
- Other

Congregation name _____________________________________________  Pastor’s name _____________________________________________

Congregation address ________________________________________________________________________________________________

City ________________________________________ State _________ Zip _______________ Phone (               ) _____________________

RACE/ETHNICITY

Do you consider yourself to be Hispanic/Latino?  q  Yes  q  No

In addition, please select one or more of the following racial categories to describe yourself:

- American Indian or Alaskan Native
- White or Caucasian
- Black or African American
- Native Hawaiian or Pacific Islander
- Male
- Female
- Date of Birth (month/day/year):
- Country of Birth

DEPENDENTS’ INFORMATION (for F-2 Visa)

Do you intend to bring your spouse or children with you?  q  No  q  Yes; Please complete the section below and submit a photocopy of each passport.

Dependent #1

Family name: ___________________________________________  First Name: ___________________________________________

Middle Name(s): _________________________________________

- Male  q  Female

Date of Birth (month/day/year): ____________________________  Country of Birth ____________________________

Relationship to you: ______________________________________

Dependent #2

Family name: ___________________________________________  First Name: _______________________________________

Middle Name(s): _________________________________________

- Male  q  Female

Date of Birth (month/day/year): ____________________________  Country of Birth ____________________________

Relationship to you: ______________________________________

Dependent #3

Family name: ___________________________________________  First Name: _______________________________________

Middle Name(s): _________________________________________

- Male  q  Female

Date of Birth (month/day/year): ____________________________  Country of Birth ____________________________

Relationship to you: ______________________________________

(List additional dependents on a separate sheet.)
**NONDISCRIMINATION POLICY**

Concordia University does not discriminate on the basis of race, color, national and ethnic origin, sex, or disability in any of its policies, procedures or practices. This includes but is not limited to admissions, employment, financial aid, educational services, programs and activities. Inquiries regarding this policy may be directed to the Vice President of Administration at Concordia University, 1530 Concordia West, Irvine, CA 92612-3203

**CERTIFICATION**

I certify that to the best of my knowledge the information furnished in this application is true and complete. I agree that if such information, or any information upon which my admission is based, is not true or complete, Concordia University may rescind my degree. I further agree that if admitted, I will abide by the rules and regulations of Concordia University including, but not limited to, those rules contained in the current Concordia University catalog. I acknowledge that all official transcripts which I forward to Concordia University become the property of Concordia University and will not be forwarded to any institution nor returned to me.

I also understand that I am not eligible for financial aid unless I am accepted into a post-baccalaureate or graduate program. I am not eligible to receive financial aid for any courses taken prior to admission to the graduate program.

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Applicant's signature ___________________________ Date ___________________________