APPLICATION FOR

Master of Arts in Coaching and Athletic Administration

For information on Undergraduate, Credential, Colloquy or International Student Admissions, please contact the Admission Office for 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.
Please send application form and requested items to:
Attn: MCAA Admissions
Concordia University Irvine
1530 Concordia West
Irvine, CA 92612-3203

To complete your admission file we will need:
1. Completed Application
2. $50 non-refundable application fee
3. Official copies of college/university transcript from which you received a Bachelors Degree
4. Petition letter is required if your undergraduate GPA was below 2.75
   Please contact us with questions

Please PRINT

Applicant’s name __________________________________________
Last ____________________________ First ____________________________ Middle ____________________________ Maiden ____________________________

Social Security No. ___________–_________–_________
Term you plan to enroll at Concordia: Fall ________ Winter ________
   Spring ________ Summer ________

PRESENT MAILING ADDRESS
Street __________________________________________ City ____________________________ State __________ Zip ___________

PERMANENT HOME ADDRESS If different from above, specify dates mail should go to this address: _____/_____/____ to _____/_____/____
Street __________________________________________ City ____________________________ State __________ Zip ___________

Home phone: (______) _______ - ________ Facebook Email: __________________________________

Cell phone: (______) _______ - ________ Twitter Username: __________________________________

E-mail address: __________________________________________________________________________

Please list the best email address for electronic communication between you and the university.

What is the best time and way to contact you? __________________________________________________________________________

How did you hear about the MCAA program? __________________________________________________________________________

Will you be applying for financial aid?  □ Yes  □ No

PERSONAL BACKGROUND

Date of birth _____/_____/____
Month Day Year

Sex: □ Male  □ Female  Citizenship: □ USA  □ Permanent resident  □ Other country ____________________________
(Please request an International Student Application.)

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.

RACE/ETHNICITY

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

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

□ American Indian or Alaskan Native  □ Vietnamese  □ Mexican

□ Asian Indian  □ Japanese  □ Cuban

□ Black or African American  □ Korean  □ Puerto Rican

□ Native Hawaiian or Pacific Islander  □ Chinese  □ South or Central American

□ Filipino  □ Other Asian  □ Other Hispanic or Latino

□ White or Caucasian
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 ( ) ______________________

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) ___________

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) ___________

3. 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.)

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.

Applicant’s signature ___________________________ Date ___________________________

CONCORDIA UNIVERSITY IRVINE