INTERNATIONAL CU ACCELERATE APPLICATION

Return to: Admission Office- CU Accelerate
Concordia University
1530 Concordia West
Irvine, CA 92612-3203
(949) 854-8002, Ext. 1106 • (800) 229-1200
FAX: (949) 854-6894 • http://www.cui.edu

The following items must be submitted with this application form to seek admissions:
1. Essay
2. International Reference Form
3. TOEFL Score Report
4. Official Transcripts and Evaluations
5. Application Fee of $125.00 (U.S.)

Deadlines: Fall: June 1 & Spring: October 1

Please type or print in ink.

Personal Information:

Applicant Name ______________________________________________________________________________________

Family Name ___________________________ Given Name ___________________________ Middle ___________________________ Maiden ___________________________

Birthdate ___________________________ Gender ___________________________ Status ___________________________

Month/Date/Year Male/Female Married/Single

Email __________________________________________________________

Application Section:

Semester planning to enroll at Concordia Fall 20______ Spring 20______ Summer 20______

Previously Applied Yes ☐ No

Previously Applied Date ___________________________

Previously Attended Yes ☐ No

Previous Attended Date ___________________________

Month/Date/Year

Why did you choose Concordia University? ________________________________________________________________

How did you first hear about Concordia University? __________________________________________________________

International Contact Information Section:

Permanent Street Line 1 __________________________________________________________________________

Permanent Street Line 2 __________________________________________________________________________

Permanent City ___________________________ Permanent State/Province ___________________________

Permanent Country _____________________________________________

Country Code ___________________________ Area Code ___________________________ Phone Number ___________________________

Country Code ___________________________ Area Code ___________________________ Fax Number ___________________________

Country Code ___________________________ Area Code ___________________________ Other Number ___________________________
Domestic Contact Information Section:

Permanent Street Line 1
Permanent Street Line 2
Permanent City ___________________________ Permanent State/Province ________________________________
Permanent Country _____________________________________________
Country Code ____________________Area Code ____________ Phone Number ____________________________
Country Code ____________________Area Code ______________Fax Number ____________________________
Country Code ____________________Area Code ____________ Other Number ____________________________

International Section:

Country of Citizenship________________________________________
Place of Birth: City_________________________________________ County____________________________
Native Language ______________________________________________________________________________
If you wish to identify an ethnic group, please do so here: ________________________________________________
Visa ____________________________________________________________________________________________
Visa Issue Date ___________________________ Visa Expiration Date
   Month/Date/Year               Month/Date/Year
Passport Expiration Date___________________ SEVIS Tracking Number______________________________
   Month/Date/Year

Personal Background:

Have you ever been convicted, pled guilty or no contest to a crime other than a summary traffic offense?  Yes  No
If Yes, describe in full detail _______________________________________________________________________

Are there any criminal charges presently pending against you other than a summary traffic offense?  Yes  No
If Yes, describe in full detail _______________________________________________________________________

Have you ever been academically dismissed?  Yes  No
If Yes, describe in full detail _______________________________________________________________________

Religious Affiliation_________________________ Pastor Name__________________________________________
Congregation Name___________________________________________________________

Guardian 1 Section:

Relationship________________________________________
Name Title________________________________________
Guardian Name____________________________________

First  Middle  Last  Suffix
Permanent Street Line 1
Permanent Street Line 2
Permanent City ___________________________ Permanent State/Province ________________________________
Permanent Country _____________________________________________
Country Code ____________________Area Code ____________ Phone Number ____________________________
Email_______________________________________________________________________________________
Employer____________________________________________________________________________________
Title/Position________________________________________________________________________________
High School Information Section:

High School Name ____________________________________________
High School Street Line 1 _______________________________________
High School Street Line 2 _______________________________________
High School City ___________________________ High School State/Province ___________________________
High School Country _________________________________________
High School GPA ___________________________ High School Graduation Date ___________________________

College 1 Section:

College Name ____________________________________________
College Street Line 1 _______________________________________
College Street Line 2 _______________________________________
College City ___________________________ College State/Province ___________________________
College Country _________________________________________
Start Date ___________________________ End Date ___________________________

Month/Date/Year       Month/Date/Year

Units completed at time of application ___________ Degree or Certificate Earned ___________________________

College 2 Section:

College Name ____________________________________________
College Street Line 1 _______________________________________
College Street Line 2 _______________________________________
College City ___________________________ College State/Province ___________________________
College Country _________________________________________
Start Date ___________________________ End Date ___________________________

Month/Date/Year       Month/Date/Year

Units completed at time of application ___________ Degree or Certificate Earned ___________________________

College 3 Section:

College Name ____________________________________________
College Street Line 1 _______________________________________
College Street Line 2 _______________________________________
College City ___________________________ College State/Province ___________________________
College Country _________________________________________
Start Date ___________________________ End Date ___________________________

Month/Date/Year       Month/Date/Year

Units completed at time of application ___________ Degree or Certificate Earned ___________________________

Test Section:

GMAT Test Date ___________________________ TOEFL Test Date ___________________________

Month/Date/Year       Month/Date/Year

GMAT Test Score ___________________________ TOEFL Score ___________________________
### Program Section:

Intended Program

- MCAA (Coaching)
- MBA (Business)
- MAIS (International Studies)
- ABSN (Accelerated Nursing)
- Theology
- MAED (Education)
- C&I (Curriculum and Instruction)
- Teaching Credential

Cohort

### Activity 1 Section:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grades Participated</th>
<th>Leadership Position</th>
<th>Are you planning to participate in college?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td></td>
<td>Yes</td>
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<tr>
<td></td>
<td>10</td>
<td></td>
<td>Yes</td>
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<td></td>
<td>11</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

### Activity 2 Section:

<table>
<thead>
<tr>
<th>Activity</th>
<th>Grades Participated</th>
<th>Leadership Position</th>
<th>Are you planning to participate in college?</th>
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<td>Yes</td>
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### Activity 3 Section:

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<tr>
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<th>Leadership Position</th>
<th>Are you planning to participate in college?</th>
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</tr>
<tr>
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<td>12</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

A Concordia University student respects the Word of God and the religious principles and practices of the university. Responsible behavior of all individuals, at all times, includes integrity, self-respect and willingness to support and direct fellow students whose actions seem harmful to themselves or the college community. Concordia University students are expected to be of high character, of good reputation and of earnest intent to follow Christ and do the will of God in their daily living.

I certify that all statements in this application are correct and complete and, if I am accepted, I agree to comply with the principles and practices of Concordia University.

Applicant’s Signature __________________________________________ Date ________________________________

Parent/Guardian Signature (if under 18) __________________________ Date ________________________________
Please complete one of the following essay questions as part of your application.

1. Describe the most challenging obstacle you have had to overcome; discuss its impact, and tell what you have learned from the experience.

2. What does a “Wise, Honorable, Cultivated Citizens” mean to you and how would you apply it during your studies at Concordia University-Irvine?
To the Applicant
Complete the top portion of this form and give it to a high school or college counselor or teacher. Please indicate in each case whether you waive your right to see this form after it is completed. A waiver of such rights is not a condition for admission to Concordia University.

Please print or type
What semester do you plan to enroll at Concordia? Fall 20____ Spring 20____ Summer 20____
Applicant’s Name ______________________________________________________________________

<table>
<thead>
<tr>
<th>Family Name</th>
<th>Given Name</th>
<th>Middle</th>
<th>Maiden</th>
</tr>
</thead>
</table>

This is to certify that I

☐ I do waive the right of access to this confidential recommendation.

☐ I do not

Student Signature_________________________________________ Date________________________

To be completed by evaluator:
We ask that you rate the applicant as honestly and objectively as you can to help us determine how best to aid him/her. Check the ratings which indicate your best judgment. Please indicate any items about which you have no basis for judgment. Additional remarks for a fuller explanation of your rating will be very helpful for us.

How well do you know the applicant? ☐ Very Well ☐ Well ☐ Casually

Please Check One:

<table>
<thead>
<tr>
<th>Vocational Planning</th>
<th>Vocational Goals</th>
<th>Scholastic Aptitude</th>
<th>Initiative</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Has considered several occupational choices</td>
<td>☐ Has decided definitely</td>
<td>☐ Very superior</td>
<td>☐ Very often takes the initiative</td>
</tr>
<tr>
<td>☐ Has considered one occupational choice</td>
<td>☐ Has almost reached definite decision</td>
<td>☐ Alert (Above Average)</td>
<td>☐ Sometimes takes the initiative</td>
</tr>
<tr>
<td>☐ Has done some planning</td>
<td>☐ Still contemplating</td>
<td>☐ Average</td>
<td>☐ Usually needs to be told what to do</td>
</tr>
<tr>
<td>☐ Has done little planning</td>
<td>☐ No goals at the present</td>
<td>☐ Below Average</td>
<td>☐ Seems to need constant pressure</td>
</tr>
<tr>
<td>☐ No basis</td>
<td>☐ No basis</td>
<td>☐ Very limited</td>
<td>☐ No basis</td>
</tr>
<tr>
<td>Comments</td>
<td>Comments</td>
<td>☐ No basis</td>
<td>Comments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Industry</th>
<th>Judgment</th>
<th>Sense of responsibility</th>
<th>Academic Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Hard worker</td>
<td>☐ Discerning</td>
<td>☐ Excellent</td>
<td>☐ Very superior</td>
</tr>
<tr>
<td>☐ Active</td>
<td>☐ Good common sense</td>
<td>☐ Usually accepts</td>
<td>☐ Above average</td>
</tr>
<tr>
<td>☐ Moderate</td>
<td>☐ Average</td>
<td>☐ Must be prodded</td>
<td>☐ Average</td>
</tr>
<tr>
<td>☐ Works enough to pass</td>
<td>☐ Frequently poor sense of values</td>
<td>☐ Avoids when possible irresponsible</td>
<td>☐ Below average</td>
</tr>
<tr>
<td>☐ Often seems lazy</td>
<td>No basis</td>
<td>☐ No basis</td>
<td>☐ Poor</td>
</tr>
<tr>
<td>☐ No basis</td>
<td>Comments</td>
<td>Comments</td>
<td>☐ No basis</td>
</tr>
</tbody>
</table>

Comments Comments Comments Comments
### Home Background
- Outstanding positive influence
- Some positive influence
- Allowed to shift for self
- Somewhat negative influence
- No basis

### Emotional Stability
- Exceptionally stable
- Well-balanced
- Irresponsible
- High strung but controlled
- Excitable – easily upset
- No Basis

### Cooperation
- Works well with others
- Works well under others
- Cooperative under pressure
- Often not cooperative
- No basis

### Leadership
- Inspiring leader
- Usually successful
- Can lead but not eager to lead
- Little or no experience
- No basis

### Religious Convictions
- Very solid
- Reasonably definite
- Still searching
- Somewhat limited
- No basis

### Sociability
- Makes friends easily
- Self-centered
- Likes time for self, but can mix with others
- Shy
- Withdrawn
- No basis

### Comments

Name ___________________________ Date __________________

Employed by __________________________________________

Position _____________________________________________

Address _____________________________________________

City ___________________________ State/Country ___________

Postal Code __________________________ Phone (_____) __________

### Recommendations:
- Recommended without reservation
- Recommended with reservation
- I prefer not to provide a written evaluation. Please phone me for my comments.

Please list comments, achievements, recommendations, reservations, or additional information on applicant. (Please type or print)

________________________________________________________

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Evaluator’s Signature ___________________________ Date __________________