Widener University
Online Programs

APPLICATION FORM

PERSONAL INFORMATION

Legal Name: _____
Prefix | First Name | Last Name | Middle Name | Suffix

Other Name 1: _____
Prefix | First Name | Last Name | Middle Name | Suffix

Other Name 2: _____
Prefix | First Name | Last Name | Middle Name | Suffix

MAILING ADDRESS

Mailing Address 1: _____ Mailing Address 2: _____

Town or City : _____ State: _____ Zip: _____ Country: _____

PHONE NUMBERS

Home Phone: _____ Work Phone: _____

Cell Phone: _____ International Phone: _____

E-mail Address: _____

What is the preferred number we should call?

☐ Work Phone ☐ Home Phone ☐ Cell Phone ☐ International Phone

Are you a citizen of the United States? ☐ Yes ☐ No

Country of Citizenship: _____

Social Security Number: _____

Date of Birth: / / Place of Birth: _____

What is your ethnicity? (mark all that apply): ☐ Hispanic/Latino ☐ Non Hispanic/Latino

What is your race? (mark all that apply):

☐ American Indian/Alaska Native ☐ Asian ☐ Black or African American ☐ White

☐ Hawaiian/Pacific Islander ☐ Prefer not to respond

Sex: ☐ Male ☐ Female

Military Information: ☐ Veteran ☐ Active ☐ Active Reservist ☐ Reservist ☐ Military Spouse ☐ Military Dependent

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PROGRAM INFORMATION

SOCIAL WORK

- ☐ Master-Social Work
- ☐ Hybrid Dual Master-Social Work/ Education in Human Sexuality Studies (H/MSW/MEd)

BUSINESS

- ☐ Master-Business Administration

MBA CONCENTRATIONS

- ☐ Health Care Management
- ☐ Business Process Innovation
- ☐ General
- ☐ Undecided

- ☐ Dual Master-Jurisprudence/ Business Administration (MJ/MBA)

NURSING

- ☐ RN-BSN

Desired Status: ☐ Full-time ☐ Part-time

Term you wish to enroll: ☐ January (Spring) ☐ May (Summer) ☐ August (Fall)

INSTITUTIONS ATTENDED

List all colleges or universities attended, beginning with the most recent.

University/College Name: _____
Address: _____
Degree: _____
Major: _____
Start date (mm/yy): _____
End date (mm/yy): _____

University/College Name: _____
Address: _____
Degree: _____
Major: _____
Start date (mm/yy): _____
End date (mm/yy): _____

University/College Name: _____
Address: _____
Degree: _____
Major: _____
Start date (mm/yy): _____
End date (mm/yy): _____

MBA ONLY

Have you taken the Graduate Management Admission Test (GMAT)?

If Yes, Date (MM/YY) taken: _____

Verbal Score: _____
Quantitative Score: _____
Analytical Score: _____
Subject Test Area: _____
Subject Test Score: _____

If No, Date to be taken (MM/YY): _____

H/MSW/MEd ONLY

Have you taken the Graduate Record Examination (GRE)?

If Yes, Date (MM/YY) taken: _____

Verbal Score: _____
Quantitative Score: _____
Analytical Score: _____
Subject Test Area: _____
Subject Test Score: _____

If No, Date to be taken (MM/YY): _____

WORK EXPERIENCE

List your work experience, beginning with the most recent (including service in the armed forces, Peace Corps, etc.). Do not list part time or summer employment unless it is relevant to the graduate program requested.

Name of Employer: _____
Address: _____
Position Held: _____
Nature of work: _____
Start date of employment (mm/yy): _____
End date of employment (mm/yy): _____

Name of Employer: _____
Address: _____
Position Held: _____
Nature of work: _____
Start date of employment (mm/yy): _____
End date of employment (mm/yy): _____

Name of Employer: _____
Address: _____
Position Held: _____
Nature of work: _____
Start date of employment (mm/yy): _____
End date of employment (mm/yy): _____

How did you hear about Widener? _____

READ AND SIGN AFTER COMPLETING APPLICATION:

I certify that the information on this application is complete and correct and understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of admission, cancellation of enrollment or appropriate disciplinary action. I understand that the University expects a high standard of conduct from its students, and if accepted for admission, I will abide by all rules and regulations of the University as set forth in University publications. I authorize the University to verify the information I have provided. I agree to notify the proper University official of any changes in the information submitted.

☐ Checking this box and typing my name below will serve as my electronic signature.

Applicant Signature: _____ Date: _____

Please submit this document to the Admission Processing Center

Via fax:
844-386-7322

Via mail:
Widener University Online
1415 W. 22nd Street, Suite 500
Oak Brook, IL 60523

Via email attachment:
admissions@onlineprograms.widener.edu