



**EMPLOYMENT**

*Please attach a current resume.*

Current Employer \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PREVIOUS EMPLOYERS**

EMPLOYER	POSITION	DATES

**PERSONAL STATEMENT**

Please write a one page (typed) statement about your goals in pursuing a master of arts in communication.

**PROCEDURE FOR ADMISSION**

*Please submit the following:*

1. Completed application.
2. Personal statement.
3. Two letters of recommendation. Recommendations from persons able to evaluate either academic or professional potential are most valuable.
4. Official transcripts of all graduate and undergraduate credits from accredited institutions sent to the Office of Admission.
5. Official report of GRE, GMAT, or LSAT send to Graduate Admission, if applicable.
6. Students for whom English is a second language must submit official report of TOEFL scores and complete International Student Application (if applicable).
7. Non-refundable application fee of \$30. Make check payable to Bellarmine University.
8. *Mail information to:* Graduate Admission  
Bellarmine University  
Master of Arts in Communication  
2001 Newburg Road  
Louisville, Kentucky 40205

**LETTER OF RECOMMENDATION**

**Applicant**

*Print and sign your name and forward one copy to each respondent.*

*Please provide a stamped, addressed envelope along with each form.*

Under the provisions of the Family Educational Rights and Privacy Act, you have the right, if you enroll at Bellarmine University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate whether or not you wish to waive this right and sign your name.

I, \_\_\_\_\_ waive right of access that I may have to this recommendation form.

I, \_\_\_\_\_ do not waive right of access that I may have to this recommendation form.

Waiver of Access:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Respondent**

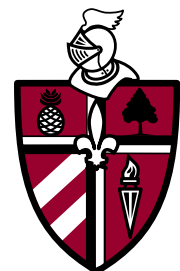
*Please complete this form and mail it in the envelope provided to you by the applicant.*

*Early receipt of this recommendation is extremely important to the applicant.*

Respondent's Name \_\_\_\_\_ Title \_\_\_\_\_

Institution/Agency \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_



Please rate the applicant in the areas indicated below by checking the appropriate responses: outstanding, above average, satisfactory, below average, or indicate unable to comment.

AREA	OUTSTANDING	ABOVE AVERAGE	SATISFACTORY	BELOW AVERAGE	UNABLE TO COMMENT
Capacity for Graduate Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Research Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Graduate Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Oral Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Written Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Meet a Deadline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How long have you known the applicant and in what capacity?

---



---



---

What do you consider to be the applicant's strengths?

---



---



---

In what area(s) do you believe the applicant needs more development?

---



---

Additional comments. (Please feel free to attach additional pages if necessary.)

---



---

I recommend this individual

I do not recommend this individual

\_\_\_\_\_ without reservation

\_\_\_\_\_ with reservation (Please explain.) \_\_\_\_\_

SIGNATURE

DATE

**LETTER OF RECOMMENDATION**

**Applicant**

*Print and sign your name and forward one copy to each respondent.*

*Please provide a stamped, addressed envelope along with each form.*

Under the provisions of the Family Educational Rights and Privacy Act, you have the right, if you enroll at Bellarmine University, to review your educational records. The Act further provides that you may waive your right to see recommendations for admission. Please indicate whether or not you wish to waive this right and sign your name.

I, \_\_\_\_\_ waive right of access that I may have to this recommendation form.

I, \_\_\_\_\_ do not waive right of access that I may have to this recommendation form.

Waiver of Access:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**Respondent**

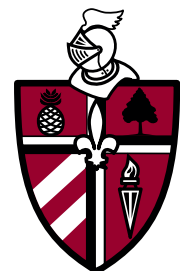
*Please complete this form and mail it in the envelope provided to you by the applicant.*

*Early receipt of this recommendation is extremely important to the applicant.*

Respondent's Name \_\_\_\_\_ Title \_\_\_\_\_

Institution/Agency \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_



Please rate the applicant in the areas indicated below by checking the appropriate responses: outstanding, above average, satisfactory, below average, or indicate unable to comment.

AREA	OUTSTANDING	ABOVE AVERAGE	SATISFACTORY	BELOW AVERAGE	UNABLE TO COMMENT
Capacity for Graduate Study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Quality of Research Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intellectual Curiosity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivation for Graduate Work	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Oral Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Quality of Written Communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Meet a Deadline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How long have you known the applicant and in what capacity?

---



---



---

What do you consider to be the applicant's strengths?

---



---



---

In what area(s) do you believe the applicant needs more development?

---



---

Additional comments. (Please feel free to attach additional pages if necessary.)

---



---

I recommend this individual

I do not recommend this individual

\_\_\_\_\_ without reservation

\_\_\_\_\_ with reservation (Please explain.) \_\_\_\_\_

SIGNATURE

DATE

## BACKGROUND DATA

Have you ever been dismissed from a high school, college or university for disciplinary reasons, or been sanctioned by a disciplinary board?  yes  no

Have you ever been convicted of a felony?  yes  no

*If you answered **yes** to either of the last two questions, please explain on a separate sheet of paper how you were held accountable (i.e. outcomes, sanctions), when the incident occurred and any additional information you wish to provide. Please note that we may need to request additional information.*

## OPTIONAL INFORMATION

Religious Affiliation: \_\_\_\_\_

How would you describe yourself? *Please check one.*

African American

Caucasian

American Indian or Alaskan Native

Hispanic

Asian American or Pacific Islander

Other \_\_\_\_\_

*Bellarmino University admits qualified students of any age, sex, sexual orientation, race, color, religion, and national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of age, sex, sexual orientation, race, disability, color, religion, or national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs. Bellarmine University is an affirmative action-equal opportunity employer.*

**IMPORTANT:** It is the student's responsibility to request all transcripts. An official transcript is one that is mailed directly from the institution to Bellarmine University's Office of Admission and should not be marked issued to student or addressed to the student. For more information, contact the Office of Admission at 502.452.8163.

## SIGNATURE OF APPLICANT

**I declare that the information provided on this form is true, correct, and complete. Bellarmine University has my permission to verify information by obtaining documents as needed. I understand that providing false information may result in Bellarmine University revoking my student status as an accepted or enrolled student.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

COMM  
UNIC  
ATION

Master *of Arts in* Communication

A



**BELLARMINE UNIVERSITY**

2001 Newburg Road / Louisville, KY 40205 / 502.452.8163

*[www.bellarmino.edu](http://www.bellarmino.edu)*