



UNIVERSITY OF  
CHARLESTON

## APPLICATION FOR ADMISSION

SCHOOL OF BUSINESS & LEADERSHIP

Thank you for applying to the University of Charleston. For your application to be processed, **fields marked with an asterisk (\*) are required.** Supporting information is found on the back of the application.

Read instructions carefully before completing this form. To be completed by applicant. Please print clearly in ink or type

### APPLICANT INFORMATION \*

First\* \_\_\_\_\_ Middle \_\_\_\_\_ Last\* \_\_\_\_\_

Maiden \_\_\_\_\_ Preferred First \_\_\_\_\_ Date of Birth\* \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(if applicable) MM DD YYYY

Gender at Birth\* \_\_\_\_\_ Gender Identity \_\_\_\_\_ Social Security Number\*\* \_\_\_\_\_  
male, female, transgender, etc.

Citizenship Status\* ☐ US Citizen ☐ Non-US Citizen ☐ Permanent Resident Receive Text Messages\* ☐ Yes ☐ No

Home Phone\* \_\_\_\_\_ Cell Phone\* \_\_\_\_\_ \*Contact Via Mobile\* ☐ Yes ☐ No

Email\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip Code\* \_\_\_\_\_ County \_\_\_\_\_

Have you ever been convicted of a felony?\* ☐ Yes ☐ No

If yes, please  
describe: \_\_\_\_\_

(International applicants use name that appears on passport.)  
\*Social Security Number is required in order to receive state and federal financial aid  
+Contact methods may include automated calls or texts

### ENROLLMENT INFORMATION \*

#### Major:

- ☐ Cybersecurity (2 yr) (Online Only)
- ☐ Cybersecurity (B.S.) (Online Only)
- ☐ Frontline Leadership (2 yr) (Online Only)
- ☐ Organizational Leadership (Undergraduate) (Online Only)
- ☐ Cybersecurity (M.S.)
- ☐ Strategic Leadership (M.S.)
- ☐ Doctor of Executive Leadership (D.E.L.) (Online Only)

Course Load: ☐ Full Time  
☐ Part Time

Location: ☐ Charleston  
☐ Online

#### Enrolling as:

- ☐ Freshman ☐ Transfer ☐ Readmit
- ☐ Graduate ☐ Other \_\_\_\_\_

#### Semester:

- ☐ Fall ☐ Spring ☐ Summer
- ☐ Interested in starting at Midterm

Residency: ☐ On-Campus ☐ Off-Campus

Year: ☐ 2021  
☐ 2022

#### Session: Spring

- ☐ January
- ☐ March

#### Summer

- ☐ May
- ☐ July

#### Fall

- ☐ August
- ☐ October

## ACADEMIC HISTORY

### HIGH SCHOOL\*

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Graduation Year \_\_\_\_\_

### COLLEGE OR UNIVERSITY\*

(\*Required)

List all educational institutions you have attended beyond high school. Attach a separate sheet if necessary.  
Include ONE official transcript of all college work from each institution in your application packet.

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned ☐ Yes ☐ No

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned ☐ Yes ☐ No

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned ☐ Yes ☐ No

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned ☐ Yes ☐ No

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned ☐ Yes ☐ No

School name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Degree Earned ☐ Yes ☐ No

## MILITARY INFORMATION

Check all that Apply

#### BRANCH:

- ☐ Air Force
- ☐ Air Force NG
- ☐ Army
- ☐ Army NG
- ☐ Coast Guard
- ☐ Marines
- ☐ Navy

#### STATUS:

- ☐ Active Duty
- ☐ Dependent
- ☐ Reservist
- ☐ Spouse
- ☐ Veteran
- ☐ National Guard

Years of Service \_\_\_\_\_

## ETHNICITY & RACIAL GROUPS

(Optional)

#### ETHNICITY:

- ☐ Hispanic/Latino
- ☐ Non Hispanic/Latino

#### RACE:

- ☐ Asian
- ☐ Black/African American
- ☐ Hawaiian or Pacific Islander
- ☐ Native American/Alaskan Native
- ☐ White

## ADDITIONAL INFORMATION

How did you hear about the University of Charleston?

\_\_\_\_\_  
\_\_\_\_\_

## SECTION A

Section A required for Organizational or Strategic Leadership application only

Check all that Apply

- ☐ Ch 30: Montgomery GI Bill®, Active Duty
- ☐ Ch 31: VA Vocational Rehabilitation
- ☐ Ch 33: Post 9/11 GI Bill (40% - 90% Eligibility)
- ☐ Ch 33: Post 9/11 GI Bill (100% Yellow Ribbon)
- ☐ Ch 35: Survivors' and Dependents' Assistance Program
  - ☐ Parent ☐ Spouse
- ☐ Ch 1606: Montgomery GI Bill, Reserves
- ☐ Ch 1607: Reserve Educational Assistance Program (REAP)
- ☐ ARNG Federal Benefits
- ☐ ARNG State TA
- ☐ ANG State TA
- ☐ Army TA
- ☐ Navy/Marine Tuition Assistance
- ☐ Air Force Tuition Assistance

- ☐ Yes ☐ No Is this the first time applying for VA benefits?
- ☐ Yes ☐ No Have you completed the VA application?  
If No, visit [www.ebenefits.va.gov](http://www.ebenefits.va.gov) to apply.
- ☐ Yes ☐ No Have you received a Certificate of Eligibility (COE) or Notice of Basic Eligibility (NOBE) from the VA?  
Submit scanned copy of COE/NOBE to Michael Levy, Director of Military Programs at [michaellevy@ucwv.edu](mailto:michaellevy@ucwv.edu).
- ☐ Yes ☐ No Have you submitted your request to GoArmyEd for approval?  
If No, visit [www.goarmyed.com](http://www.goarmyed.com) to apply.
- ☐ Yes ☐ No Have you requested WVNG State Tuition Assistance?  
If No, visit [www.wvguardtuition.com](http://www.wvguardtuition.com) to request assistance.
- ☐ Yes ☐ No Have you requested Navy/Marine/Air Force Tuition Assistance?  
If No, visit [www.navycollege.navy.mil](http://www.navycollege.navy.mil) or [www.my.af.mil](http://www.my.af.mil) to apply.

GI Bill® is a registered trademark of the U.S. Department of Veterans Affairs (VA). More information about education benefits offered by VA is available at the official U.S. government website at <http://www.benefits.va.gov/gibill>.

## SECTION B

Section B required for Doctor of Executive Leadership (D.E.L.) application only

### Licensure or Credential Information

Please list below any professional licences and credentials.

---

---

---

### CAREER FOCUS

What is your position or job title?

---

Choose the occupational category of your current career or of your future career goals:

- |  |   |
|--|---|
| <input type="checkbox"/> Aerospace           | <input type="checkbox"/> Nonprofit                    |
| <input type="checkbox"/> Biomedics           | <input type="checkbox"/> Pharmaceuticals              |
| <input type="checkbox"/> Consulting          | <input type="checkbox"/> Public Accounting            |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Service (Police, Fire, etc.) |
| <input type="checkbox"/> Executive           | <input type="checkbox"/> Technology                   |
| <input type="checkbox"/> Finance             | <input type="checkbox"/> Telecommunications           |
| <input type="checkbox"/> Health-Related      | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> Media               | <input type="checkbox"/> Other:                       |
| <input type="checkbox"/> Military/Government | <hr/>   |

### RECOMMENDATIONS

- ☐ Enclosed ☐ Being submitted separately

Please list the names from whom you are requesting recommendations:

---

---

---

---

### PERSONAL AND PROFESSIONAL RESOURCES

Whom do you consider to be your emotional support system?

- ☐ Yes ☐ No Are you able to adjust your schedule to allow for our recommended 20 hours per week of class/study time?

## PERSONAL ASSESSMENT

### COMPUTER SKILLS

Do you own a computer that meets the program requirements?..... ☐ Yes ☐ No  
(Windows XP or newer or Macintosh System X with broadband Internet access and audio capability)

Indicate your levels of computer literacy:

|                                      |                              |                                   |  |                                 |
|--------------------------------------|------------------------------|-----------------------------------|--|---------------------------------|
| Word Processing .....                | <input type="checkbox"/> Low | <input type="checkbox"/> Adequate | <input type="checkbox"/> Above Average | <input type="checkbox"/> Expert |
| Internet .....                       | <input type="checkbox"/> Low | <input type="checkbox"/> Adequate | <input type="checkbox"/> Above Average | <input type="checkbox"/> Expert |
| Online Communications (e-mail) ..... | <input type="checkbox"/> Low | <input type="checkbox"/> Adequate | <input type="checkbox"/> Above Average | <input type="checkbox"/> Expert |
| Statistical Reports .....            | <input type="checkbox"/> Low | <input type="checkbox"/> Adequate | <input type="checkbox"/> Above Average | <input type="checkbox"/> Expert |
| Database/online resource usage.....  | <input type="checkbox"/> Low | <input type="checkbox"/> Adequate | <input type="checkbox"/> Above Average | <input type="checkbox"/> Expert |

### RESEARCH SKILLS

Have you ever conducted research or completed a research course?..... ☐ Yes ☐ No

Indicate your levels of experience in:

|   |                               |                               |                                   |                                    |
|---|-------------------------------|-------------------------------|-----------------------------------|------------------------------------|
| Conducting Research .....   | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> Moderate | <input type="checkbox"/> Extensive |
| Completing a research course .....  | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> Moderate | <input type="checkbox"/> Extensive |
| Completing a thesis or research project requiring<br>data collection, analysis, and/or interpretation ..... | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> Moderate | <input type="checkbox"/> Extensive |

### WRITING SKILLS

Are you experienced in academic or professional writing? ..... ☐ Yes ☐ No

Indicate your levels of experience in:

|  |                               |                               |                                   |                                    |
|--|-------------------------------|-------------------------------|-----------------------------------|------------------------------------|
| Completing a writing or composition course ..... | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> Moderate | <input type="checkbox"/> Extensive |
| Authoring published works .....                  | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> Moderate | <input type="checkbox"/> Extensive |
| Creative Writing .....                           | <input type="checkbox"/> None | <input type="checkbox"/> Some | <input type="checkbox"/> Moderate | <input type="checkbox"/> Extensive |

## FINANCIAL ASSESSMENT

Are you applying for financial aid? ..... ☐ Yes ☐ No

(If No, please indicate below how you will pay for this program)

|  |  |
|--|--|
| <input type="checkbox"/> Loans _____ %   | <input type="checkbox"/> Employer Assistance _____ % |
| <input type="checkbox"/> Income _____ %  | <input type="checkbox"/> Other _____ %               |
| <input type="checkbox"/> Savings _____ % | If Other, please identify _____                      |

## ADDITIONAL INFORMATION

What influenced you to apply? Please complete as many responses as are applicable.

Have you considered other schools? ..... ☐ Yes ☐ No

If so, what schools? \_\_\_\_\_

Have you applied to other schools? ..... ☐ Yes ☐ No

If so, what schools? \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

By my signature, I certify that the answers I have given to all questions on this application are correct and complete to the best of my knowledge. I understand that falsification or omission of information or credentials may result in revocation of admission. I also understand I must provide official transcripts from ALL educational institutions I have attended to complete the admissions process. I further give permission for my high school(s) and/or college(s) to release to the University of Charleston any transcripts or records necessary for the evaluation of my application for admission as requested by University of Charleston staff/faculty.

Signature\*

Date\*

The University of Charleston does not discriminate against any person because of race, color, religion, sex, national or ethnic origin, age, disability, or veteran status in the administration of its educational policies, scholarship and loan programs, admissions, employment, athletics, and other school-administered programs in accordance with the laws of the United States and the state of West Virginia.



**Office of Admissions**  
2300 MacCorkle Avenue, SE | Charleston, West Virginia 25304  
1.800.995.4682 (GoUC) | Fax: 304.357.4781  
www.ucwv.edu



# APPLICATION FOR ADMISSION

## APPLICATION INFORMATION

To be eligible for admission to the D.E.L., you need to have completed a master's or first professional degree in any field from a regionally accredited institution.

DOCTOR OF EXECUTIVE LEADERSHIP (D.E.L.)  
ONLINE ONLY

### *In addition to the application, prospective D.E.L. students must submit:*

1. A nonrefundable application fee of \$50, payable to University of Charleston.
2. Licensure or Credential Information, Career Focus, Personal Skills Assessment
3. A discussion paper of approximately 1,500 to 2,500 words (about six to ten double-spaced pages of 12-point type) in which you reflect on your motivation for pursuing the D.E.L. and explain how the degree will help you explore your academic and professional interests and goals. You should also address the qualities and experiences you would contribute to a doctoral leadership cohort. The paper is an important part of the admission committee's decision making process.
4. A résumé or curriculum vitae. Your current résumé should include your education and work history, honors and awards, publications and presentations, research experience (if any), and participation in professional and community organizations.
5. Official transcripts. Official transcripts from all colleges and universities you have attended must be in a sealed envelope and sent directly to UC Admissions. If your degree is from a college or university outside of the United States, you should first contact the D.E.L. program coordinator to determine whether a transcript evaluation is needed. If you are not a native speaker of English, you may also be required to submit a score from the Test of English as a Foreign Language (TOEFL) or the International English Language Testing System (IELTS).
6. Two confidential recommendations, one personal and one professional. Download the application reference form. Professional references can be from supervisors, colleagues, or professors.
7. Color copy of a state issued photo ID with current address.

### *Please send all application materials to:* **UC-Beckley**

Attention: Transfer Records  
167 Dye Drive Beckley, WV 25801  
[ucrecords@ucwv.edu](mailto:ucrecords@ucwv.edu)

*An interview with the admissions committee, conducted in person or by telephone, is required of all applicants. Once your application materials are received, a representative from the UC School of Business and Leadership will contact you for an admission interview.*

## CONTACT INFORMATION

### **Carrie Asbury**

Program Coordinator  
304-410-0468  
[carrieasbury@ucwv.edu](mailto:carrieasbury@ucwv.edu)

School of Business & Leadership  
2300 MacCorkle Avenue, SE  
Charleston, West Virginia 25304

### **Jenny Mae Pridemore**

Program Coordinator  
304-357-4864  
[jennypridemore@ucwv.edu](mailto:jennypridemore@ucwv.edu)

School of Business & Leadership  
2300 MacCorkle Avenue, SE  
Charleston, West Virginia 25304

### **Shelly R. Roy**

Organizational Leadership Admissions Representative  
304- 903-8197  
[shellyroy@ucwv.edu](mailto:shellyroy@ucwv.edu)

School of Business & Leadership  
2300 MacCorkle Avenue, SE  
Charleston, West Virginia 25304