

Thank you for your interest in the Bloch Executive MBA. We look forward to working with you through the application, acceptance, and enrollment process. The Bloch Executive MBA Admissions Committee has a rolling admissions policy, and will only act on completed applications (*see below*).

A completed application includes the following:

### Application Form

Return completed application form by mail or in person to:  
Bloch Executive MBA Program – Suite 305  
Attention: EMBA Admissions  
University of Missouri – Kansas City  
5110 Cherry Street  
Kansas City, Missouri 64110-2499

### Transcripts

Official transcripts from each college or university attended must be sent directly from the college or university registrar to the Bloch Executive MBA Program Office at the above address. If you have attended a college or university under a different name, ask the registrar to note the name change on your transcript or in a letter.

### Application Fee

The application form must be accompanied by \$50 in the form of a check or money order that is payable to the UMKC Bloch Executive MBA Program at the above address. The application fee is nonrefundable.

### Resume

Please include a current resume with your application.

### Candidate's Admission Statement

One essay (minimum 500 words) will help the Admissions Committee understand your motivation for applying to the Bloch Executive MBA program. Please address:

- Your personal and professional objectives and how the Executive MBA program can help you achieve those objectives.
- How your participation in the program will add value to the learning of your cohorts.

### Letters of Recommendation (two)

Arrange to have two letters of recommendation sent directly to the Executive MBA Program Office. Please request one recommendation letter from a business associate such as your manager, supervisor, or a member of your company's Board of Directors. You will also need an additional letter from another business associate, such as a previous supervisor, CEO, or Board member from outside your company. Avoid requesting letters from personal friends or former professors.

Letters of recommendation should include the following:

- The length of time the respondent has known you and under what circumstances.
- A detailed description of the effectiveness of your job performance.
- The skills you have demonstrated on the job in projects and assignments.
- Your potential as a business manager.
- Your leadership capabilities.
- Qualities that you can bring to the program.
- Any additional comments about your potential for graduate study in a rigorous and demanding program of study.

Please ask your contacts to submit the recommendations on **company letterhead** directed to "To Whom It May Concern." The letters should include the signature and the phone, fax, or email address of the recommender. The letters may be sent to the mailing address above, emailed to [emba@umkc.edu](mailto:emba@umkc.edu), or faxed to 816-235-2351.

### Documentation of Lawful Presence

You must provide a photo copy of one of the following acceptable documents:

- Any domestic state issued Driver's License
- U.S. Birth Certificate
- U.S. Passport (valid or expired)
- Certificate of Birth Abroad
- I-155 card (Resident Alien Card)
- Certificate of Naturalization

\* Note: Not all of the acceptable documents are listed, to obtain a full list, contact Megan Krstic at (816) 235-2370.

# Bloch Executive MBA Application for Admission

## Personal Information

Mr.     Ms.     Mrs.     Dr.    Anticipated Enrollment Year: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred First Name: \_\_\_\_\_ Name of Spouse/Partner (optional): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_

Personal Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Send any mail to: Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

Send any emails to: Home Address \_\_\_\_\_ Work Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth (City, State, Country): \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Visa Status: \_\_\_\_\_ Dual Citizenship: Y / N

Ethnicity:     Black, Non-Hispanic                       Native American/Alaskan Native  
                    Asian or Pacific Islander                       White, Non-Hispanic  
                    Hispanic     Other: \_\_\_\_\_

## Education Information

Please list all colleges and universities attended, beginning with the most recent. If more space is needed, attach an extra sheet. Note that an official transcript must be submitted for **each** institution.

List all colleges attended	Location	Dates (Mo/Yr)	Major	Degree Received
		FROM                      TO		
		FROM                      TO		
		FROM                      TO		
		FROM                      TO		
		FROM                      TO		

What is your undergraduate cumulative GPA (based on a 4.0 scale)? \_\_\_\_\_

## Distinctions, Honors, and Awards

Please indicate basis of selection if award is not well known.

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## Professional Memberships

List the organizations, any offices held, and the dates of involvement.

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## Current Employment Information

Title/Position: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Size of Organization:       1-10 employees     11-50 employees     51-100 employees     101+ employees

Street Address: \_\_\_\_\_

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

Work Phone Number: (\_\_\_\_) \_\_\_\_\_ Work Email Address: \_\_\_\_\_

No. of People Under Your Supervision: \_\_\_\_\_ Time in Current Position: \_\_\_\_\_ Salary: \$ \_\_\_\_\_  
(Held in Complete Confidence)

Please describe your major responsibilities: \_\_\_\_\_

Please select the category that *best* describes your professional function:

- |   |   |
|---|---|
| <input type="checkbox"/> Consulting (strategic planning, management, etc.)  | <input type="checkbox"/> Management of Information Systems  |
| <input type="checkbox"/> General Management (general services)  | <input type="checkbox"/> Human Resources  |
| <input type="checkbox"/> Marketing/Sales (public relations, product management, market research, advertising, etc.) | <input type="checkbox"/> Finance/Accounting (auditing, corporate finance, investments, treasury, public finance, real estate, etc.) |
| <input type="checkbox"/> Operations/Logistics (purchasing, engineering, etc.)                                       | <input type="checkbox"/> Other: _____   |

Please select the category that *best* describes the industry in which you work:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Consulting             | <input type="checkbox"/> Consumer Products   | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Government       |
| <input type="checkbox"/> Manufacturing          | <input type="checkbox"/> Media/Entertainment | <input type="checkbox"/> Non-Profit         | <input type="checkbox"/> Petroleum/Energy |
| <input type="checkbox"/> Pharmaceutical/Biotech | <input type="checkbox"/> Real Estate         | <input type="checkbox"/> Technology         |   |
| <input type="checkbox"/> Other: _____           |  |   |   |

## Decision Making Responsibility

Please check the extent of your decision making responsibility, as it relates to your current position, within each of the categories listed below.

	Not Involved	Make Suggestions	Directly Involved	Fully Accountable
Policy development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Budget development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control of budget expenditures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital expenditures above \$10,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hiring/dismissal of management, technical, and/or professional personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance evaluation and compensation of management, technical, and/or professional personnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interface with regulatory agencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Previous Employment Information

Total number of years of full-time work experience: \_\_\_\_\_

Total number of years of managerial experience (people, projects, or budgets): \_\_\_\_\_

Please list previous employment for the last ten years. If more space is needed, attach an extra sheet.

Company Name	Title/Position	Dates of Employment	
		FROM	TO
		FROM	TO
		FROM	TO
		FROM	TO

## Sponsoring Organization's Agreement

If this applicant is accepted in the Executive MBA Program, s/he will not be required by the organization to miss regularly scheduled meetings of the Program.

Please indicate the extent of financial support from the sponsoring organization.

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Signature of Endorsing Official	Title	Date
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## Candidate's Agreement

I certify the information on this application is accurate and complete, and I understand that all required credentials must be submitted before an admission decision may be made. I authorize the University of Missouri – Kansas City to maintain all my records under my signed name, and I understand these records and credentials in support of my application are the property of UMKC and may not be returned or reproduced. I also understand that the letters of recommendation will be received in confidence and I waive access rights to this information. Additionally, I understand that participation in the program involves off-campus learning residencies. Further, in exchange for the right to participate, I agree to hold the Curators of the University of Missouri harmless. I acknowledge that the University does not provide medical insurance and agree to provide my own. Further, I agree to follow all applicable laws as well as applicable regulations of the residence facilities. I acknowledge that it is my duty to decide whether I am physically capable of participating, and I am aware that the residencies may be a requirement for graduation.

Upon graduation, I authorize the University to use my name, title, and company name in print advertisements for the purpose of promoting the Executive MBA program unless I state in writing otherwise.

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Signature	Date
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## How did you learn about our program?

- Bloch School Website / Internet Search
- Advertisement (specify source): \_\_\_\_\_
- Previous Participant (name): \_\_\_\_\_
- Friend / Colleague (name): \_\_\_\_\_
- Human Resource Director (name): \_\_\_\_\_
- Supervisor (name): \_\_\_\_\_
- Other (specify): \_\_\_\_\_

UMKC designates as "Directory Information – Public Information" the following categories of information: student name, address, telephone number, date and place of birth, major field of study, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and the most recent previous educational agency or institution attended by the student.

A student wishing to restrict the release of "Directory Information" pertaining to him or her is to advise the Registrar's Office in writing. Any student wishing to obtain a copy of the complete guidelines governing the protection of the privacy of student records under the Public Law may do so by going to the Registrar's Office (Administrative Center, 5115 Oak Street).