



## Application for Admission Doctoral Programs

**Select Program:**  Doctor of Education Program  Doctor of Business Administration Program

### SECTION I PERSONAL DATA:

Name in Full \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Last First M.I.

Home Address \_\_\_\_\_  
Street City State Zip Code

E-mail Address \_\_\_\_\_ Fax # (Optional) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Male  Female  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth \_\_\_\_\_

Do you intend to reside in the U.S. during your term of enrollment? Yes  No  Are you a U.S. Citizen Yes  No

Through what source did you first hear of the *Program*? \_\_\_\_\_

Present business or occupation \_\_\_\_\_ How long employed? \_\_\_\_yr. \_\_\_\_mo.

Name of Employer \_\_\_\_\_ Best contact time \_\_\_\_\_

Address of Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Previous surname(s), if any \_\_\_\_\_ Name of Spouse or Parents \_\_\_\_\_

### SECTION II EDUCATIONAL BACKGROUND

List all undergraduate or graduate colleges and universities attended, starting with the most recent and working backward. **Include only courses completed which could be applied towards a degree program at an accredited institution.** (Attach a separate sheet if additional space is necessary).

**Attach transcripts documenting your Bachelor's and Master's degree coursework. (Student copies are acceptable).**

Name of Institution	City and State	Dates Attended From – To	Degree	Date Earned	G.P.A. (4.0 basis)

Have you ever applied to William Howard Taft University? Yes  No

If "Yes", indicate approximate date of application and result: \_\_\_\_\_

### SECTION III PERSONAL STATEMENT

The University is interested in learning about your professional and personal goals as they relate to the *Program*. Using no more than two typewritten pages, using 12-point font, prepare a personal statement describing your future plans and how a doctoral degree may enhance these plans. Discuss skills you expect to gain through the *Program* and how your current and past experiences may shape your future plans.

### SECTION IV OCCUPATIONAL HISTORY

Please attach a Résumé or Curriculum Vitae detailing your current and previous employment, outlining employers, location, and length of employment, responsibilities and accomplishments in each position.

### SECTION V PROFESSIONAL LICENSES AND/OR CREDENTIALS

Name of License/ Credential Held	Issuing Agency	Date Obtained	Expiration

### SECTION VI PROFESSIONAL REFERENCES

Please provide the names of two professional references who will complete the attached *Doctoral Applicant Reference Forms*.

Name	Title	Address	City and State	Phone

I have read and fully understand the innovative, alternative concepts of education utilized by the University as set forth in the University's *General Catalog* and the related *Catalog Supplement*. Based on this understanding, I hereby make application for admission to the above mentioned doctoral program. I certify that the information provided in this application is accurate and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This Application for Admission must be accompanied by an Application Fee of \$100.00.

Payable by:  Check or  Credit Card

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Security Code (3 or 4 digit number on card): \_\_\_\_\_

Applicants are generally informed of the status of their application within **10** business days.

Consistent with sound educational policy, William Howard Taft University does not discriminate on the basis of sex, race, color, ancestry, religious creed, national origin, disability, medical condition, age, marital status, political affiliation, sexual orientation, or veteran status.



**William Howard Taft**  
— U n i v e r s i t y —

3700 South Susan Street, Office 200  
Santa Ana, CA 92704  
(800) 882-4555  
Admissions@Taft.edu

## Doctoral Applicant Reference Form

Applicant's Name: \_\_\_\_\_

The above-named individual has applied for admission to William Howard Taft University's *Doctoral Program*. To assist us in evaluating his/her readiness for doctoral study, it would be appreciated if you complete the following brief questionnaire.

Faculty, staff, and administration at William Howard Taft University are committed to making learning practical and accessible. The *Doctoral Programs* are presented on a directed independent study basis requiring no classroom attendance. (The *Catalog* can be viewed on the University's website, [www.Taft.edu](http://www.Taft.edu)) Students who are highly motivated and self-starters have been found to have a higher rate of success in the *Programs*. Consequently, your input is important in assisting us in selecting those students most likely to succeed in this type of format.

Please return the completed questionnaire to the above address. If you have any questions regarding this form or one of the *Doctoral Programs*, please feel free to contact the Admissions Office at the above toll-free number.

1. How long have you known the applicant? \_\_\_\_\_
2. In what capacity have you known the applicant? \_\_\_\_\_

**Please rate the applicant for the remaining questions using the following scale:**

5 – strongly agree 4 – somewhat agree 3 – no opinion 2 – somewhat disagree 1 – strongly disagree

3. The applicant has the academic ability to complete a doctoral program. \_\_\_\_\_
4. The applicant has the motivation to complete a doctoral program. \_\_\_\_\_
5. The applicant is good at prioritizing tasks. \_\_\_\_\_
6. The applicant adapts well to new technologies. (e.g., Computers, e-mail, etc.) \_\_\_\_\_
7. The applicant will be able to devote sufficient time to complete the Program. \_\_\_\_\_
8. The applicant's employer will likely be supportive of the applicant in completing the Program. \_\_\_\_\_

**Any additional information you feel may be relevant in connection with our review of the applicant may be attached.**

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

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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address (Required): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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

Telephone Number: (\_\_\_\_) \_\_\_\_\_ E-Mail Address (Required): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_