

# BACHELOR OF SCIENCE IN ORGANIZATIONAL LEADERSHIP

## APPLICATION



UNION  
UNIVERSITY

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1938 Emporium Drive | Jackson, TN 38305 | 731.661.5163

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2745 Hacks Cross Road | Germantown, TN 38138 | 901.312.1942

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106 Bluegrass Commons Blvd. | Hendersonville, TN 37075 | 615.447.1314

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[www.uu.edu/bsol](http://www.uu.edu/bsol)

**W**armest Greetings Adult Student!

Please know that adult students really matter in the Department of Continuing Studies at Union University. We understand the unique challenges you face balancing school with work, family, and other responsibilities. Our program allows adult students to finish their bachelor's degree in as little as 18 months by attending class one night a week, and your time and effort at Union will be rewarded with more than just a degree. You will be completing a program that prepares graduates for meaningful work as visionary leaders and thinkers.

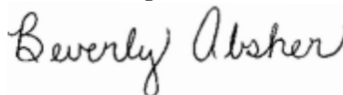
Discerning students and employers realize that where you earn your degree really does matter! As a Union student, you will be attending a University that has been classified as a "Top Tier" institution and ranked as one of the top schools in the nation for academic excellence by such sources as *U.S. News & World Report*, *Princeton Review*, and *Forbes*. Recently, Union was also recognized by *First Things*, a highly respected publication about faith and public life, as one of the "Top 12" protestant/evangelical Institutions in the entire nation.

Adult students also appreciate the nurturing and supportive environment that Continuing Studies provides. We demonstrate our commitment to adult students by providing:

- Accelerated programs
- Flexible schedules
- A mixture of seasoned educators and industry professionals teaching classes
- Creative and interactive instruction
- All textbooks for your program of study
- Reduced tuition set with working adults in mind

Please contact the enrollment coordinator listed below for your region to get more information on how you can take advantage of a professionally relevant degree program designed specifically for you! We can hardly wait to help turn your dreams of a degree into reality!

Warmest regards,



Beverly Absher, M.B.A., Ed.D.  
*Chair, Department of Continuing Studies*

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#### JACKSON CAMPUS

**Carroll Griffin**  
cgriffin@uu.edu  
731-661-5163

fax 731-661-5101

1938 Emporium Drive  
Jackson, TN 38305

#### GERMANTOWN CAMPUS

**Dayna Street**  
dstreet@uu.edu  
901-312-1942

fax 901-759-1197

2745 Hacks Cross Road  
Germantown, TN 38138

#### HENDERSONVILLE CAMPUS

**Reneé Dauer**  
rdauer@uu.edu  
615-447-1314

fax 615-447-0412

106 Bluegrass Commons Blvd.  
Hendersonville, TN 37075

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#### REQUIREMENTS FOR ADMISSION:

- Completion of 60 hours of course work (appeals considered)
- Successful completion of English 111, Written Composition I
- At least 24 years of age
- At least two years of relevant work experience
- Minimum of 2.0 GPA on all prior work

#### CHECKLIST FOR APPLICATION COMPLETION:

- Official transcripts from each college or university attended
- Application form
- Payment of \$25 application fee
- Two recommendation forms
- Rationale Statement for Admission
- Immunization Record
- Financial Aid Application received

*Please select only one concentration.*

Organizational Management    Health Management    Church Leadership    Project Management    Criminal Justice

*Please Type or Print Clearly.*

Name \_\_\_\_\_  
*First Middle Maiden Last*

Preferred Name \_\_\_\_\_ Are you over 24 years of age?  Yes  No

Address \_\_\_\_\_  
*Street City State Zip*

Telephone \_\_\_\_\_  
*Home Work Cell Fax*

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

### **PROFESSIONAL EXPERIENCE**

We must document at least two years of work experience.

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

Title \_\_\_\_\_ Years in Current Position \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Former Employer \_\_\_\_\_

Title \_\_\_\_\_ Years in Former Position \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

### **REFERENCES**

Do not include family members. Please have references complete and mail/fax reference forms.

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

How did you become aware of Union's BSOL program? \_\_\_\_\_

If a current or former student recommended Union please give us this person's name. \_\_\_\_\_

**OFFICIAL TRANSCRIPTS**

Official Transcripts from all institutions where you have attended since high school must be sent directly to the BSOL Director, Union University. Please list below all the institutions you have attended since high school.

Name and Location of Institution	Dates Attended	Degree Earned (if any)	GPA	Name Under Which Transcript Will Be Issued

Union University admits students of any race, color, sex, handicap, and national or ethnic origin. As prescribed by the Department of Education and the National Center for Education Statistics, we are required to report demographic information including racial background. This information is not used in the admission process. Using the terminology of the NCES, please answer the following:

1. Are you Hispanic/Latino?  Yes  No
2. Respond Yes to one or more of the following groups:
  - a. American Indian/Alaskan Native  Yes  No
  - b. Asian  Yes  No
  - c. Black or African American  Yes  No
  - d. Hawaiian/Pacific Islander  Yes  No
  - e. White  Yes  No

Male  Female Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Federal laws require that, in order to enroll at Union University, one must either be a United States citizen or have proper legal immigration status certification. Prior to enrollment, students must present immigration paperwork to Union's Designated School Official (DSO) for processing.

Are you a U.S. citizen?  Yes  No If no, \_\_\_\_\_ Permanent Resident \_\_\_\_\_ Resident Alien \_\_\_\_\_ Non-resident Alien

If you are not a U.S. citizen, an international student application must be completed and submitted with this application.

Have you ever been charged, arrested, or convicted of a criminal offense? If yes, please provide specific details on a separate sheet.

By signing below, I agree to abide by the rules and regulations of the university as described in the current Union University Undergraduate Catalogue.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

Annual reports indicating compliance with the Student Right-to-Know and Campus Security Act are available in the Office of Safety and Security during regular office hours. Admission to the University does not automatically guarantee admission to specific academic programs within the University.

Links to important consumer information regarding financial assistance, cost of education, graduation rates, institutional information, confidentiality of student records, athletic program statistics, and campus security are available from the Office of Student Financial Planning website at <http://www.uu.edu/financialaid/consumerinformation.cfm>.

In compliance with all applicable state and federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, Union University does not legally discriminate on the basis of race, sex, national origin, age, disability, or military service in admissions; in the administration of its education policies, programs, or activities; or in employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. Persons who believe their rights under this policy have been violated should contact Office of the President, Union University.

**WHEN COMPLETED**

Please mail or fax your completed application, rationale statement, and \$25 non-refundable application fee to the appropriate Union University campus address listed on the first page of this application.



***This section to be completed by applicant:***

 Name \_\_\_\_\_  
Last                      First                      Middle                      Maiden

 Address \_\_\_\_\_  
Street                      City                      State                      Zip

Telephone (\_\_\_\_) \_\_\_\_\_

I waive right of access to this reference; however, waiver is not required for admission into the Program.

OR

I do not waive the right to this reference.

 \_\_\_\_\_  
*Applicant's Signature*

 \_\_\_\_\_  
*Applicant's Signature*
***This section to be completed by reference:***

The above named applicant is applying for admission to Union University and has named you as a reference. After completing this form, please fax or mail it to:

Union University | Continuing Studies | 1938 Emporium Drive | Jackson, TN 38305 | fax 731-661-5101

Name \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

 Address \_\_\_\_\_  
Street                      City                      State                      Zip

1. How many years have you known the applicant? \_\_\_\_\_

 In what relationship?     Supervisor     Educator     Work Associate     Other

2. Rank the applicant in the following areas:

	Above Average	Average	Below Average	Not Observed
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you know of any area in which the applicant might need special attention from Union University?

 4. Do you:     Recommend     Recommend with Reservation     Not Recommend

5. Comments \_\_\_\_\_

 Do you want to discuss the applicant with us further?     No     Yes, Telephone \_\_\_\_\_

 \_\_\_\_\_  
*Reference's Signature*

 \_\_\_\_\_  
*Date*

***This section to be completed by applicant:***

 Name \_\_\_\_\_  
*Last*
*First*
*Middle*
*Maiden*

 Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

Telephone (\_\_\_\_) \_\_\_\_\_

I waive right of access to this reference; however, waiver is not required for admission into the Program.

OR

I do not waive the right to this reference.

 \_\_\_\_\_  
*Applicant's Signature*

 \_\_\_\_\_  
*Applicant's Signature*
***This section to be completed by reference:***

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Name \_\_\_\_\_

Company Name \_\_\_\_\_ Title \_\_\_\_\_

 Address \_\_\_\_\_  
*Street*
*City*
*State*
*Zip*

1. How many years have you known the applicant? \_\_\_\_\_

 In what relationship?  Supervisor  Educator  Work Associate  Other

2. Rank the applicant in the following areas:

	Above Average	Average	Below Average	Not Observed
Peer Relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decision Making Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional Stability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Do you know of any area in which the applicant might need special attention from Union University?

 4. Do you:  Recommend  Recommend with Reservation  Not Recommend

5. Comments \_\_\_\_\_

 Do you want to discuss the applicant with us further?  No  Yes, Telephone \_\_\_\_\_

 \_\_\_\_\_  
*Reference's Signature*

 \_\_\_\_\_  
*Date*



# REQUEST FOR OFFICIAL TRANSCRIPT

Note: It is the student's responsibility to mail this form to the college/university where credit was earned.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Address \_\_\_\_\_  
Street City State Zip

Institution \_\_\_\_\_

Institution Address \_\_\_\_\_  
Street City State Zip

Name used when officially enrolled \_\_\_\_\_  
Last First Middle Maiden

Date of Enrollment \_\_\_\_\_ Birth date \_\_\_\_\_

Number of official copies requested \_\_\_\_\_ ( ) Self ( ) For address below. Please mail transcript to:

Check attached for \$ \_\_\_\_\_

Union University  
Continuing Studies  
1938 Emporium Drive  
Jackson, TN 38305

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



# REQUEST FOR OFFICIAL TRANSCRIPT

Note: It is the student's responsibility to mail this form to the college/university where credit was earned.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Student Address \_\_\_\_\_  
Street City State Zip

Institution \_\_\_\_\_

Institution Address \_\_\_\_\_  
Street City State Zip

Name used when officially enrolled \_\_\_\_\_  
Last First Middle Maiden

Date of Enrollment \_\_\_\_\_ Birth date \_\_\_\_\_

Number of official copies requested \_\_\_\_\_ ( ) Self ( ) For address below. Please mail transcript to:

Check attached for \$ \_\_\_\_\_

Union University  
Continuing Studies  
1938 Emporium Drive  
Jackson, TN 38305

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

All undergraduate students must complete parts A–C.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

**A. MEASLES, MUMPS, AND RUBELLA (check one):**

Attach copy of Immunization record showing two (2) doses of Measles, Mumps & Rubella (MMR) vaccine

Attach copy of immune MMR titer Date: \_\_\_/\_\_\_/\_\_\_ Results \_\_\_\_\_

The state of Tennessee requires all students, born after January 1, 1957, entering colleges and universities to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine on or after the first birthday or proof of immunity to measles with an MMR titer (blood test).

I was born prior to 1957.

**B. VARICELLA OR "CHICKENPOX" (check one):**

Attach copy of Immunization record showing two (2) doses of varicella vaccine

Attach copy of immune varicella titer Date: \_\_\_/\_\_\_/\_\_\_ Results \_\_\_\_\_

Attach letter from health care provider stating that he/she believes student has had chickenpox. Year of illness: \_\_\_\_\_

The state of Tennessee requires all students born on or after January 1, 1980 to provide proof of two doses of varicella (chickenpox) vaccine given no earlier than 4 days before 1st birthday or proof of immunity to varicella with a varicella IgG (titer) blood test.

I was born prior to 1980.

Signature of Physician/Provider \_\_\_\_\_ Date \_\_\_\_\_

Name of Physician/Provider \_\_\_\_\_

Address \_\_\_\_\_

**C. HEPATITIS B (HBV) IMMUNIZATION:**

Recommended for all new students and required for students in the **School of Nursing**. Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to provide lifelong immunity in most cases. Union University Health Services, located on the Jackson Campus, is open Monday – Friday 8 a.m.-4p.m. and offers Hepatitis B vaccine for \$50 per injection (price subject to change).

I decline receipt of vaccine to protect for Hepatitis B.

I have received the complete three dose series of the Hepatitis B vaccine.

I plan to receive the Hepatitis B series.

Student Must Sign Here \_\_\_\_\_ Date \_\_\_\_\_

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

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

Return to:  
Union University  
Continuing Studies  
1938 Emporium Drive  
Jackson, TN 38305

fax 731-661-5101



# ADULT STUDIES

## APPLICATION *for* FINANCIAL ASSISTANCE

Office of Student Financial Planning | 731-661-5015 | [finaid@uu.edu](mailto:finaid@uu.edu)

*Please fill out completely.*

Term Start Date (month/year) \_\_\_\_\_

Full Name \_\_\_\_\_  
Last First Middle

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

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Marital Status \_\_\_\_\_

Union ID or SSN \_\_\_\_\_ Email Address \_\_\_\_\_

*Please Note: Our office uses email to communicate important information regarding your aid status. Be sure to check your assigned Union email address regularly.*

Cell/Work Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Major/Program of Study \_\_\_\_\_

Campus Location \_\_\_\_\_

Classification  Freshman  Sophomore  Junior  Senior

List other resources not awarded by Union, such as outside scholarships, you will receive while enrolled. In addition, please complete the Documentation of Outside Assistance at [www.uu.edu/financialaid](http://www.uu.edu/financialaid). (i.e., Vocational Rehabilitation, Veteran's Benefits, Employer Reimbursement)

Source \_\_\_\_\_ Yearly Amount \_\_\_\_\_

Source \_\_\_\_\_ Yearly Amount \_\_\_\_\_

Source \_\_\_\_\_ Yearly Amount \_\_\_\_\_

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**The information on this application is true and correct to the best of my knowledge.**

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please submit completed form to:  
Union University | Continuing Studies | 1938 Emporium Drive | Jackson, TN 38305 | fax 731-661-5101