BACHELOR OF SCIENCE IN ORGANIZATIONAL LEADERSHIP

APPLICATION

UNION UNIVERSITY

Jackson
1.866.392.6700

Germantown
901.759.0029

http://www.uu.edu/academics/adultstudies/bsol/
BSOL - Application

(Please select only one concentration)

☐ Organizational Leadership  ☐ Health Management  ☐ Church Leadership  ☐ Project Management

(Please Type or Print Clearly)

Name ____________________________________________ Are you over 24 years of age?  ☐ Yes  ☐ No

Preferred Name __________________________________ Address ____________________________________________

Telephone ____________________________________________ Social Security Number ______________

First  Middle  Maiden  Last

Street  City  State  Zip

Home  Work  Cell  Fax

E-Mail 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 Current 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.

<table>
<thead>
<tr>
<th>Name and Location of Institution</th>
<th>Dates Attended</th>
<th>Degree Earned (if any)</th>
<th>Grade Point Average</th>
<th>Name Under Which Transcript Will Be Issued</th>
</tr>
</thead>
<tbody>
<tr>
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Union University admits students of any race, color, sex, handicap, and national or ethnic origin. The items of information requested below are optional and will be used only for reporting purposes.

- Male
- Female
- Married
- Single
- Birthdate: ____________________ Place of Birth: ____________________

- White (European American)
- Asian American
- Hispanic American
- North American Indian
- Black (African American)
- Prefer not to Indicate

Church Affiliation: ______________________________________

1. Are you a U.S. citizen?  ☐ Yes  ☐ No  Do you hold a permanent resident status?  ☐ Yes  ☐ No
   Applicants answering “Yes” to permanent resident status must supply a copy of their permanent residency card to the International Student Office.

2. If neither of the above, what is your current immigration status? ______________________________________
   Applicants answering Question #2 must complete an international student application (available at www.uu.edu/applications/AcrobatForms/int-app.pdf) and submit it to the International Student Office so that an I-20 form for initial attendance or transfer can be processed.

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
Send this completed application along with a $25 non-refundable application fee. After completing this form, please fax or mail it to the appropriate campus.

<table>
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<tr>
<td>Fax: 731.661.5101</td>
<td>Fax: 901.759.1197</td>
</tr>
<tr>
<td>Address: Dept. of Continuing Studies, Union University, 1050 Union University Drive, Jackson, TN 38305</td>
<td>Address: Dept. of Continuing Studies, Union University, 2745 Hacks Cross Rd., Germantown, TN 38138</td>
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</table>
Using the space provided below, write a short explanation in your own legible handwriting indicating your reasons for seeking admission to the BSOL program at Union University. The Office of Continuing Studies will look carefully at your written rationale using two criteria: (1) your motivation for completing a bachelor’s degree in general and specifically at Union; and (2) your writing skills as manifested in good organization, complete sentences, proper grammar and spelling. You may refer to a dictionary or thesaurus if you like. We urge you to proof-read this short writing sample. Your signature on the honor statement below is required.

This Rationale Statement is to be done as a part of the admissions process for the BSOL program. It will be read by the program director and utilized by the Department of Continuing Studies as an important part of making the admission decision.

I hereby certify that the above statement is my original work. __________________________
This section to be completed by applicant:

Name ___________________________________________________________________________________________

(Last)   (First)   (Middle)   (Maiden)

Address _________________________________________________________________________________________

Telephone No. _(_____)______________________

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

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 the appropriate campus.

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Name________________________________________ Company Name _____________________________________

Title ________________________________________

Address______________________________________ 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:
   Peer Relations ☐ ☐ ☐ ☐
   Communication Skills ☐ ☐ ☐ ☐
   Decision Making Ability ☐ ☐ ☐ ☐
   Leadership Ability ☐ ☐ ☐ ☐
   Emotional Stability ☐ ☐ ☐ ☐
   Above Average ☐ ☐ ☐ ☐
   Average ☐ ☐ ☐ ☐
   Below Average ☐ ☐ ☐ ☐
   Not Observed ☐ ☐ ☐ ☐

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   Phone No. __________________________

______________________________________________   __________________________
Reference’s Signature        Date
**UNION UNIVERSITY**

**Department of Continuing Studies Reference Form**

This section to be completed by applicant:

Name ___________________________________________________________________________________________

(Last)   (First)   (Middle)   (Maiden)

Address _________________________________________________________________________________________

Telephone No. _(_____)______________________

I waive right of access to this reference; OR I do not waive the right to this reference.

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4. Do you: ☐ Recommend ☐ Recommend with Reservation ☐ Not Recommend

5. Comments: ____________________________________________________________________________________

Do you want to discuss the applicant with us further? ☐ No ☐ Yes Phone No. ____________________________

Reference’s Signature __________________________ Date __________________________

Applicant’s Signature __________________________
To: The Registrar

Name/Address of University Attended ____________________________________________

________________________________________________________________________________________

Name by which I was enrolled ____________________________________________

(Last) (First) (Middle) (Maiden)

Date of Enrollment ___________________________________________ Social Security No. ______________ 

(Semester) (Year)

Present Address ____________________________________________

(Street) (City) (State) (Zip)

Please send an official transcript to: (circle one)

Jackson Campus Germantown Campus

The Department of Continuing Studies
Union University
1050 Union University, Box 1888
Jackson, TN 38305-3697

The Department of Continuing Studies
Union University
2745 Hacks Cross Rd.
Germantown, TN 38138

Please bill any charges to the student’s address above.

I authorize release of my academic transcripts to Union University’s Department of Continuing Studies:

Signature: ___________________________ Date: __________________

To: The Registrar

Name/Address of University Attended ____________________________________________

________________________________________________________________________________________

Name by which I was enrolled ____________________________________________

(Last) (First) (Middle) (Maiden)

Date of Enrollment ___________________________________________ Social Security No. ______________ 

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Please bill any charges to the student’s address above.

I authorize release of my academic transcripts to Union University’s Department of Continuing Studies:

Signature: ___________________________ Date: __________________
Immunization Record
All BSOL Students Must Complete Parts A & B

Name ________________________________________ Date of Birth____________ Phone #______________
Address ____________________________________________ e-mail_________________________________

A. MEASLES, MUMPS, AND RUBELLA
   1) Combined Shot (Date Given):  MMR #1 ___/___/___    MMR #2  ___/___/___
   2) Has immune Rubeola 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. IF YOU WERE BORN BEFORE JANUARY 1, 1957 YOU ARE EXEMPT FROM THIS REQUIREMENT.

Signature of Physician/Provider _______________________________________________________ Date _____________
Name of Physician/Provider  ______________________ ______________________________________________________
Address ___________________________________________ ______________________________________________________________

☐ See attached copy of Immunization record

B. 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.-4 p.m. and offers Hepatitis B vaccine for $64 per injection (price subject to change). THE LAW DOES NOT REQUIRE THAT STUDENTS RECEIVE VACCINATION FOR ENROLLMENT. THE LAW DOES REQUIRE THAT A COPY OF THIS SIGNED FORM BE TURNED IN TO UNION UNIVERSITY HEALTH SERVICES.

   ____ I decline receipt of vaccine to protect for Hepatitis B.
   ____ I have received or plan to receive the complete three dose series of the Hepatitis B vaccine.

Student Signature Required ________________________________________________________________
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________________________

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