Thank you for your interest in Union University’s Master of Arts in Intercultural Studies. Below, find a checklist and required forms to be submitted for application to the MAIS program. For further assistance, please contact Susan Bolyard, Program Coordinator, at 731.661.5059 or sbolyard@uu.edu.

**MAIS PROGRAM CHECKLIST**

Application materials to be submitted:

- Application and $25 application fee; apply online at [uu.edu/applications/graduate/](http://uu.edu/applications/graduate/)

- Official transcripts from ALL undergraduate institutions attended

- Graduate Record Exam (GRE) score

- Three references from people who know your academic, communication, and leadership abilities; one must be from a former professor.

- Immunization Record

**All items should be sent to:**

MAIS Program  
Union University – Box 1858  
1050 Union University Drive  
Jackson, TN 38305

Additional requirements for international students:

- Visit the International Student page: [uu.edu/institutes/international/students/forms.cfm](http://uu.edu/institutes/international/students/forms.cfm)

- Contact the Union University International Student Advisor and PDSO Pam Whitnell: [pwhitnell@uu.edu](mailto:pwhitnell@uu.edu)

- Complete the International Graduate Student Application: [uu.edu/international/forms/MAIS-intl.pdf](http://uu.edu/international/forms/MAIS-intl.pdf)

- Complete Proof of Finances: [uu.edu/international/forms/finances-grad-intl.pdf](http://uu.edu/international/forms/finances-grad-intl.pdf)

- Submit proof of a physical examination

- Submit a TOEFL score of 83 or higher

- Submit evaluation of transcript - Approved Transcript Evaluating Companies: Josef Silny & Associates, Educational Credential Evaluators, World Education Service
Name_________________________________________ First Middle Maiden Last

Social Security # ______________________________ E-Mail Address ____________________________

Present Address ______________________________ _______________ _______________ _______________
Number, Street City State Zip

Permanent Address ______________________________ _______________ _______________ _______________
Number, Street City State Zip

Phone # ( _______ ) __________________ ( _______ ) ____________________________ ( _______ ) __________________________

Are you currently enrolled in a college or university? ☐ Yes ☐ No

Anticipated Enrollment ______________________________

EDUCATION BACKGROUND
Please list all institutions attended since high school. Official transcripts from all institutions should be sent directly to MAIS Program, Union University—Box 1858, 1050 Union University Dr, Jackson, TN 38305.

<table>
<thead>
<tr>
<th>Name and Location of Institution</th>
<th>Dates Attended</th>
<th>Degree Earned (if any)</th>
<th>GPA</th>
<th>Name Under Which Transcript Will Be Issued (if any)</th>
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Please indicate your GRE scores: Verbal ___________ Quantitative ___________ Analytical ___________

Official score sent to Union? ☐ Yes ☐ No

REFERENCES
List the name, title, address, work and home phone numbers of three people who are in a position to evaluate you and who will submit references. Please indicate how you know each individual and how long you have known him/her.

1. ______________________________________________________________________________________
   ______________________________________________________________________________________

2. ______________________________________________________________________________________
   ______________________________________________________________________________________

3. ______________________________________________________________________________________
   ______________________________________________________________________________________

(Please continue to back page)
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 1 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  Place of Birth: __________________________  Church Affiliation: __________________________

How did you become aware of the MAIS at Union? __________________________________________________________

If current student recommended the MAIS, please give his/her name. ____________________________________________

At any time have you been charged, arrested, or convicted of a criminal offense of any nature?  □ Yes  □ No

If so, please provide specific details of each occurrence. ______________________________________________________

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.

Send this application with a $25 non-refundable application fee (payable to Union University) to:
   MAIS Program
   Union University—Box 1858
   1050 Union University Drive
   Jackson, Tennessee  38305-3697
This section to be completed by applicant:

Applicant Name

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

Applicant Address

Telephone No. (__________) __________________________ Email __________________________

I waive right of access to this reference; however, waiver is not required for admission into the M.A.I.S. program. OR I do not waive right of access 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 the Master of Arts in Intercultural Studies program at Union University and has named you as a reference. After completing this form, please mail it to:

MAIS Program | Union University—Box 1858 | 1050 Union University Drive | Jackson, TN 38305

Name ________________________________

Organization ________________________________ Title ________________________________

Address ________________________________ City ______________________ State ____ Zip ________

1. How many years have you known the applicant?

   In what capacity? ☐ Supervisor ☐ Educator ☐ Work Associate ☐ Other (specify) ________________

2. Rank the applicant in the following areas:

   Collaborative Ability ☐ ☐ ☐ ☐
   Verbal Communication ☐ ☐ ☐ ☐
   Written Communication ☐ ☐ ☐ ☐
   Critical thinking ☐ ☐ ☐ ☐
   Leadership ☐ ☐ ☐ ☐
   Intellectual Ability ☐ ☐ ☐ ☐
   Integrity ☐ ☐ ☐ ☐

   Above Average ☐ ☐ ☐ ☐
   Average ☐ ☐ ☐ ☐
   Below Average ☐ ☐ ☐ ☐
   Not Observed ☐ ☐ ☐ ☐

3. Name the areas in which the applicant might need special attention from Union University.

   ___________________________________________________________________ 

4. You: ☐ Highly Recommend ☐ Recommend ☐ Recommend with Reservation ☐ Not Recommend

5. Comments: ___________________________________________________________________

6. Do you want to discuss the applicant with us further? ☐ no ☐ yes; Phone Number __________________________

   ___________________________________________________________________

Reference’s Signature __________________________ Date __________________________
All graduate 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__________________

Please return this form to:

MAIS Program
Union University—Box 1858
1050 Union University Drive
Jackson, Tennessee 38305-3697
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 ____________________________ Birthdate __________

Number of official copies requested ________ ( ) Self ( ) Please mail transcript to:
( ) Number ________
Check attached for $ ________________

Student Signature __________________________________________ Date __________________________

( ) Please mail transcript to:
MAIS Program
Union University—Box 1858
1050 Union University Drive
Jackson, Tennessee 38305-3697

Student Signature __________________________________________ Date __________________________