

Personal History Form

TERM/YEAR FOR WHICH YOU ARE APPLYING: _____ DATE: _____

GRADUATE PROGRAM FOR WHICH YOU ARE APPLYING: ___MBA ___MS/CMIS ___MSA ___MMR ___MS/ECFI

NAME: _____ DATE OF BIRTH: _____

STUDENT ID NUMBER: _____ HOME PHONE: _____

E-MAIL: _____ WORK PHONE: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ COUNTRY: _____

EMPLOYMENT HISTORY

Total Number of Years of Post-Undergraduate Work Experience: _____

CURRENT EMPLOYER: _____ OFFICE PHONE: _____

EMPLOYER ADDRESS: _____ POSITION/RANK: _____

_____ BEGINNING DATE: _____

PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	DATES EMPLOYED	POSITION HELD
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EDUCATIONAL BACKGROUND

NAME OF COLLEGE OF UNIVERSITY ATTENDED	DATES ATTENDED	DEGREE
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NAME OF COLLEGE OF UNIVERSITY ATTENDED	DATES ATTENDED	DEGREE
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NAME OF COLLEGE OF UNIVERSITY ATTENDED	DATES ATTENDED	DEGREE
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UNDERGRADUATE MAJOR: _____ PREVIOUS GRADUATE MAJOR: _____

Your estimated undergraduate GPA Avg. on a 4.0 Scale: _____

GMAT/GRE Scores: _____ Total _____ Verbal _____ Quantitative _____ Analytical Writing _____

Return this form to: School of Business Student Services, Campus Box 1186, Edwardsville, IL 62026