

Admission Checklist for Master of Science in Human Resource Education

Application received: _____ Applying for which semester: _____ Date sent to Dept: _____

Name: _____ UofL ID: _____ Email: _____

Address: _____ Home Phone: _____ Cell Phone: _____

Undergraduate Degree: _____

Institution: _____

Date degree conferred: _____

Undergraduate GPA: _____ Last 60 hours GPA: _____

Graduate work: _____

Institution: _____

Date degree conferred: _____

Graduate GPA: _____

GRE scores: Date taken: _____

Verbal: _____ Quantitative: _____ Analytical: _____ Total V & Q: _____

Letters of Recommendation:

1. _____

2. _____

Professional Goal Statement received on: _____

Resume received on: _____

This student is admissible:

Fully: _____ Provisionally: _____ Conditionally: _____ By Appeal Only: _____

Admission Review Committee:

Faculty Signature

Recommend Approval

Recommend Denial

Faculty Signature

Recommend Approval

Recommend Denial

Final Determination

Approval: _____ Fully _____ Provisionally _____ Conditionally _____ By Appeal _____ Denial

Signature of Dept. Chair or Designee

Date: _____

Faculty Advisor Assigned