BACHELOR OF SCIENCE IN
ORGANIZATIONAL LEADERSHIP
APPLICATION
Welcome 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
- Textbooks for your program of study through an economical rental program
- 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.
Associate Vice President for Auxiliary Operations
Chair, Department of Continuing Studies

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
Please select only one concentration.
☐ Organizational Management  ☐ Health Management  ☐ Church Leadership  ☐ Project Management
☐ Criminal Justice Administration  ☐ Information Technology

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

Former Employer _______________________________________________

Title __________________________________________________________

Years in Former Position __________

Address _______________________________________________________
Street        City        State        Zip

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. ____________________________
BSOL APPLICATION

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>GPA</th>
<th>Name Under Which Transcript Will Be Issued</th>
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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:

☐ Male ☐ Female

Birthdate:___________________ Place of Birth:___________________________________

Church Affiliation:______________________________________________________________

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

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.
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 proofread 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 __________________________________________________________________________

Street    City    State    Zip

Telephone (_____)______________________

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

___________________________________________  ______________________________________
Applicant’s Signature  Applicant’s Signature

If you do not waive the right to this reference, please continue with the next section.

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:

<table>
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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.

___________________________________________

Applicant’s Signature

OR I do not waive the right to this reference.

____________________________________

Applicant’s Signature

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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 $ ____________________________

Student Signature ____________________________________________ Date ____________________________

( ) For address below. Please mail transcript to:
Union University
Continuing Studies
1938 Emporium Drive
Jackson, TN 38305

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 $ ____________________________

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.

<table>
<thead>
<tr>
<th>Signature of Physician/Provider</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Name of Physician/Provider</td>
<td></td>
</tr>
<tr>
<td>Address</td>
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**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.

<table>
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<tr>
<th>Student Must Sign Here</th>
<th>Date</th>
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</table>

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

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

Fax 731-661-5101