



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/
- ☐ 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
- ☐ Contact the Union University International Student Advisor and PDSO Pam Whitnell: pwhitnell@uu.edu
- ☐ Complete the International Graduate Student Application: uu.edu/international/forms/MAIS-intl.pdf
- ☐ Complete Proof of Finances: 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



MASTER OF ARTS IN INTERCULTURAL STUDIES

APPLICATION *for* ADMISSION

1050 Union University Drive | Jackson, TN 38305-3697 | 731.661.5553

Our Mission: Union University provides Christ-centered education that promotes excellence and character development in service to Church and society.

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.

Name and Location of Institution	Dates Attended	Degree Earned (if any)	GPA	Name Under Which Transcript Will Be Issued (if any)

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 MASTER OF ARTS IN INTERCULTURAL STUDIES APPLICATION

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.

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. _____

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.

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 illegally discriminate on the basis of race, sex, color, 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 the Office of the President, Union University.

By signing below, I agree to abide by the rules and regulations of the college as described in the current Graduate Catalogue.

(Signature of applicant)

(Date)

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:

	Above Average	Average	Below Average	Not Observed
Collaborative Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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:
MAIS Program
Union University—Box 1858
1050 Union University Drive
Jackson, Tennessee 38305-3697

Check attached for \$ _____

Student Signature _____ Date _____



REQUEST FOR OFFICIAL TRANSCRIPT

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Check attached for \$ _____

Student Signature _____ Date _____