Applying for Admission

Application Steps for Master of Sport Administration (MSA) Applicants:

1. Complete the entire Graduate Degree Seeking Application thoroughly. An incomplete application cannot be considered and will be returned to the applicant. Please note: the MSA program only admits students for the fall semester. Please indicate only a fall start term on your application.

2. Submit the non-refundable application fee of $50. Checks or money orders should be made payable to Belmont University.

3. Submit two recommendation forms.- Have two people (non-relatives who have knowledge of your job or university experiences) complete a recommendation form (enclosed in this application packet).

4. Submit official transcripts, from all colleges and/or universities attended, even those from which transfer credits were received. For a transcript to be official, it may not be marked “Issued to Student” or have previously been opened. All official transcripts must be on file with the Office of Admissions before an admissions decision can be made. In addition, applicants with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as, World Education Services (www.wes.org) or Joseph Silny (www.jsilny.com). The evaluation and all official transcripts must be submitted. Please allow 4-6 weeks for all official transcripts to be received.

5. Submit official test scores from GRE (Graduate Record Examination) or GMAT (Graduate Management Aptitude Test). Test scores must have been earned within the last five years. Please allow 4-6 weeks for official test scores to be received.

6. Submit a letter of professional aspiration stating your purpose for applying to the program.

7. Submit a current resume.

Graduate Teaching Assistantship (GTA)

Should you be interested in applying for Graduate Teaching Assistantship (GTA) please contact the program directly or visit the program web-site (http://www.belmont.edu/sa/admissions/index.html) for more information.

International Applicants

1. International applicants whose native language is not English must demonstrate proficiency in the English language by submitting official TOEFL scores (required minimum of 550 PBT or 80 iBT) or by successful completion of ELS Language Center Level 112.

2. International applicants with college level course work from foreign institutions must have their transcripts evaluated by a credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny & Associates (www.jsilny.com).

3. In order to be issued an I-20 for the desired entry term, international applicants must be admitted no later than June 1 in order to enroll for the fall term.

Please send all application materials to:
Belmont University
Office of Admissions
1900 Belmont Blvd.
Nashville, TN 37212
615-460-5434 Fax

Questions about your application and/or requirements should be directed to:
Belmont University Graduate Sport Administration
1900 Belmont Boulevard
Nashville, TN 37212-3757
Phone: 615-460-6189
ann.rich@belmont.edu

Admissions Requirements

Admission requirements are program specific. For a list of the admissions requirements, please visit the admissions website (http://www.belmont.edu/prospectivestudents/graduate/index.html) and click on the program you wish to view. Applications for admission are also program specific so be sure to download and submit the application of the program to which you intend to apply. You can find a list of program applications at (http://www.belmont.edu/prospectivestudents/graduate/index.html).
Belmont University
Degree Seeking Application for Graduate Admission

Applicant Information
Term you are applying for ____________________________
Degree you are applying for ____________________________ Master of Sport Administration
Program you are applying for ____________________________ Sport Administration
Program Track/Concentration ____________________________ Not Applicable
Have you previously applied for admission to Graduate Studies at Belmont University? ☐ Yes ☐ No
If yes, what program? ______ for what term? _________
Have you previously attended Belmont University? ☐ Yes ☐ No If yes, for what term? _________

Personal Data
First Name ____________________________ Middle Name ____________________________ Last Name ____________________________
Preferred First Name ____________________________ Former Last Name (if any) ____________________________
Social Security Number: ____________________________ Email Address ____________________________
Mailing Address Line 1 ____________________________ Mailing Address Line 2 ____________________________
City ____________________________ State/Province ____________________________ Zip/Postal Code ____________________________ Country ____________________________
Home Phone (__) ____________________________ Work Phone (__) ____________________________ Cell Phone (__) ____________________________
Please select your citizenship status ☐ US Citizen ☐ Dual US Citizen ☐ Permanent US Resident ☐ Other
If you are not a US Citizen, please fill out the International Supplement.

The following information is requested for statistical purposes only; completion is optional
Date of Birth MM/DD/YYYY Gender ☐ Male ☐ Female
Are you a US Armed Services Veteran? ☐ Yes ☐ No
Marital Status ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Remarried ☐ Widowed
Religious Preference ____________________________

Ethnic Background: Are you Hispanic or Latino? ☐ Yes ☐ No
Regardless of your answer to the prior question, please check one or more of the following groups in which you consider yourself to be a member.
☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander ☐ White
**Education Information**

List the names and locations of all colleges/universities at which you have taken courses (including Belmont if you are a former student) and the degrees you have been awarded starting with the most recent. Please attach Additional Education Information Sheet, enclosed in this application packet, if needed. All official transcripts must be mailed directly to the Belmont University Office of Admissions from each institution. In addition, students with postsecondary course work from foreign institutions must have their transcripts evaluated by a foreign credential evaluation service such as World Education Services (www.wes.org) or Joseph Silny (www.jsilny.com).

**Institution Attended 1**

College/University Name ____________________________________________

City __________________________________ State/Province ____________ Country ___________________

Date attended from (MM/DD/YYYY): ________ to: ______________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected ___________________________________________ if no degree earned/expected, please leave blank

**Institution Attended 2**

College/University Name ____________________________________________

City __________________________________ State/Province ____________ Country ___________________

Date attended from (MM/DD/YYYY): ________ to: ______________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected ___________________________________________ if no degree earned/expected, please leave blank

**Institution Attended 3**

College/University Name ____________________________________________

City __________________________________ State/Province ____________ Country ___________________

Date attended from (MM/DD/YYYY): ________ to: ______________ GPA earned at this college (on a 4.00 scale): ________

Degree earned/expected ___________________________________________ if no degree earned/expected, please leave blank

**Employer Information (if applicable)**

Employer Name __________________________________________________ Current Position __________________________

Address __________________________________________________________

City __________________________ State/Province ____________ Zip/Postal Code __________ Country _________________

Former Employer Name ____________________________________________ Position __________________________

Address __________________________________________________________

City __________________________ State/Province ____________ Zip/Postal Code __________ Country _________________

**In case of emergency, notify the person below**

First Name __________________________ Last Name ______________________ Relationship ______________________

Address __________________________________________________________

City __________________________ State/Province ____________ Zip/Postal Code __________ Country _________________

Phone (_____) __________________
Background Information

Have you ever been expelled or suspended from any high school or college?
☐ Yes  ☐ No  If yes, please describe in detail:

Have you ever been convicted of (or is any charge now pending against you for) any crime other than a traffic violation?
☐ Yes  ☐ No  If yes, please describe in detail:

References

College of Law applicants are not required to submit letters of reference.

For all other applicants, please list the name and address of two persons who know you (professionally and/or academically) and are willing to address your ability, interest and motivation for pursuing this program. Give each person a recommendation form and instruct them to return it directly to the admissions office. Your application cannot be reviewed until all references have been received.

1. __________________________________________

2. __________________________________________

I certify that all information given is complete and accurate. I understand that my failure to provide complete and accurate information may result in dismissal from the university or other appropriate disciplinary action. If admitted to Belmont University, I agree to abide by the policies and provisions stipulated in the university catalog.

Signature of Applicant __________________________  Date __________________________

For information regarding Belmont University’s campus security record and policies, please contact the Belmont University Office of Safety and Security at (615) 460-6617. In compliance with the Student Right to Know Act, Belmont’s persistence (retention) rates are available at the Institutional Research Office. In compliance with federal law, including provisions of Title IX of the Education Amendments of 1972, Sections 504 of the Rehabilitation Act of 1973, Belmont University does not discriminate on the basis of race, sex, color, national or ethnic origin, age, disability, military service, or sexual orientation in its administration of education policies, programs or activities; its admissions policies; or employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. The university has appointed the director of the Office of Human Resources to serve as coordinator of compliance with Title IX. Inquiries or complaints should be directed to the Office of the Provost or the Office of Human Resources.

Visit www.belmont.edu/prospectivestudents/graduate/ in order to confirm individual program requirements. Please forward all materials, including a $50 application fee, to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757, or fax to 615-460-5434.

How did you learn about Belmont University’s Graduate Programs? (please check all that apply)
☐ Academic Advisor  ☐ Advertisement  ☐ Another College/University  ☐ Belmont Alumnus
☐ Belmont Current Student  ☐ Belmont Faculty/Staff  ☐ College Fair  ☐ Employer
☐ Friend  ☐ GRE  ☐ Internet  ☐ Letter or Email from Belmont
☐ Professional Association  ☐ Publications  ☐ Other

Please provide names and/or details for the source checked above:
Institution Attended 4

College/University Name

City State/Province Country

Date attended from (MM/DD/YYYY): to: GPA earned at this college (on a 4.00 scale):

Degree earned/expected if no degree earned/expected, please leave blank

Institution Attended 5

College/University Name

City State/Province Country

Date attended from (MM/DD/YYYY): to: GPA earned at this college (on a 4.00 scale):

Degree earned/expected if no degree earned/expected, please leave blank

Institution Attended 6

College/University Name

City State/Province Country

Date attended from (MM/DD/YYYY): to: GPA earned at this college (on a 4.00 scale):

Degree earned/expected if no degree earned/expected, please leave blank

Institution Attended 7

College/University Name

City State/Province Country

Date attended from (MM/DD/YYYY): to: GPA earned at this college (on a 4.00 scale):

Degree earned/expected if no degree earned/expected, please leave blank
Belmont University
International Supplement

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<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
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Email Address
Date of Birth

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<tr>
<th>City</th>
<th>State/Province</th>
<th>Zip/Postal Code</th>
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If you are a Permanent US Resident list your Alien Registration #
If you have another citizenship status list your Visa Type

List any non-US countries of citizenship

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<th>Place of birth</th>
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</tbody>
</table>

First language
Primary language spoken at home

This section to be completed by the applicant

Applicant's Name ___________________________          First Name ___________________________          Middle Name ___________________________          Last Name ___________________________

Preferred Name ___________________________          Date of Birth ___________________________          MM/DD/YYYY

Country ___________________________          Email ___________________________

Note to Candidate:
Please enter your name above and deliver one copy of this form to two individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Belmont University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed the waiver below, he or she may request to see the recommendation forms after enrolling at Belmont University.

I hereby ☐ waive ☐ do not waive my right of access to this document should I matriculate to Belmont University.

Signature: ___________________________          Date: ___________________________

Term you will enter ___________________________

Degree you are applying for ___________________________

Program you are applying for ___________________________

Program Track/Concentration ___________________________

This section to be completed by the evaluator

You are completing a recommendation for an applicant to a graduate program at Belmont University. Your assessment is very important to the Admissions Committee, and we greatly appreciate the time and effort on your part in giving us your appraisal of this candidate.

Name ___________________________          Current Occupation ___________________________

Current Employer/Organization ___________________________

Address ___________________________

City ___________________________          State/Province ___________________________          Zip/Postal Code ___________________________

Phone (______) ___________________________          Email Address ___________________________

How long have you known this applicant? ___________________________

In what capacity do you know this applicant? ___________________________
Is there any aspect of this applicant’s background that might interfere with successful completion of their graduate study?

☐ Yes  ☐ No  If yes, please specify: ______________________________________________________

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant’s ability to complete the program to which he or she is applying:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

In what areas do you think the candidate needs the most improvement?

____________________________________________________________________________________

How well do you think the applicant has considered plans for graduate study?

____________________________________________________________________________________

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation?

____________________________________________________________________________________

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<th>Outstanding (Top 15%)</th>
<th>Above Average (Top 1/3)</th>
<th>Average (Middle 1/2)</th>
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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:

Music Performance Ability | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
Knowledge of music history and theory | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
Aural Skills | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

In regards to this student’s application to graduate study at Belmont University:

☐ Highly Recommend  ☐ Recommend  ☐ Recommend with Reservation  ☐ Do Not Recommend

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to: Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615-460-5434.

Signature: ____________________________ Date: ____________________________
Belmont University
Graduate Programs Recommendation Form

This section to be completed by the applicant

Applicant's Name

First Name

Middle Name

Last Name

Preferred Name

Date of Birth MM/DD/YYYY

Country

Email

Note to Candidate:
Please enter your name above and deliver one copy of this form to two individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Belmont University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed the waiver below, he or she may request to see the recommendation forms after enrolling at Belmont University.

I hereby [ ] waive [ ] do not waive my right of access to this document should I matriculate to Belmont University.

Signature: ___________________________ Date: ______________

Term you will enter ____________________

Degree you are applying for ____________________

Program you are applying for ____________________

Program Track/Concentration ____________________

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Name ____________________________ Current Occupation ____________________________

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Address ____________________________

City ____________________________ State/Province __________________ Zip/Postal Code __________________

Phone (______) ______________________ Email Address ____________________________

How long have you known this applicant? ____________________________

In what capacity do you know this applicant? ____________________________
Is there any aspect of this applicant’s background that might interfere with successful completion of their graduate study?  
☐ Yes  ☐ No  If yes, please specify:  

Please describe those qualifications, traits, or accomplishments you feel are significant in demonstrating the applicant’s ability to complete the program to which he or she is applying:  

In what areas do you think the candidate needs the most improvement?  

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How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation?  

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Please complete this section ONLY IF YOU ARE EVALUATING AN APPLICANT FOR GRADUATE STUDY IN MUSIC:  

| Music Performance Ability | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Knowledge of music history and theory | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Aural Skills               | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

In regards to this student’s application to graduate study at Belmont University:  
☐ Highly Recommend  ☐ Recommend  ☐ Recommend with Reservation  ☐ Do Not Recommend  

You may attach any additional comments you feel would help us in assessing this applicant. Please forward this form to:  
Belmont University, Office of Admissions, 1900 Belmont Blvd., Nashville, TN 37212-3757 or fax to 615-460-5434.  

Signature:  ________________________________  Date:  ________________________________
Belmont University
Graduate Application Fee Form

Applicant’s Name ___________________________________________________________________________________
Preferred Name __________________________________________                   Date of Birth ________________________
Program Applying for ______________________________________            Term Applying for ________________________

Instructions: The $50.00 non-refundable application fee may be paid by check, money order, or credit card. Check or money orders
should be made payable to Belmont University.

Please indicate your method of payment:
☐ Check (Payable to Belmont University)       ☐ Money Order (Payable to Belmont University)
☐ VISA          ☐ MasterCard       ☐ Discover       ☐ American Express

*If you are paying by credit card, complete the credit card authorization below*

Card Number: ____________________________________________                   Expiration Date (MM/YYYY): ______________________

Amount to be charged: $50.00

Cardholder’s Name: ____________________________________________
Cardholder’s Signature: ____________________________________________