

# MSML PATHWAYS ADMISSION INFORMATION AND PROCEDURE

## PROGRAM OVERVIEW

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### MSML PATHWAYS PROGRAM

The Master of Science in Management and Leadership (MSML) is a 36-unit program based at the West LA campus with the program starting every fall trimester. Students who have completed the BSM program are eligible to waive up to 5 units of coursework (BSCI 650 and BSCI 651). Students can complete the program with a minimum of 27 units.

#### To be eligible to waive units, students must have:

- Cumulative GPA of 3.0 or higher in the BSM program and
- Earned a grade of 'B' or higher in the equivalent BSM-level course

## APPLICATION

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### CHECKLIST OF APPLICATION REQUIREMENTS

- Completed a minimum of 40 units in the BSM program
- Completed all lower-division requirements
- Application form
- Resume
- Essay

### SUBMITTING APPLICATION

1. Fill out the application and compose your essay.
2. Submit the completed and signed application, essay, and your resume as a PDF file to:  
gsbm.admission@pepperdine.edu.

### FOR ASSISTANCE CALL

<b>Program Office</b> . . . . .	310.568.5512	<b>Financial Aid</b> . . . . .	310.568.5530
<b>Admission Office</b> . . . . .	310.568.5535	<b>Veterans Affairs</b> . . . . .	310.506.6129

# CODE KEY

Please enter the appropriate codes in the spaces provided on the following page.

## PREFERRED CLASS LOCATION

<b>WLA</b>	West Los Angeles Graduate Campus
<b>ENC</b>	Encino Graduate Campus
<b>IRV</b>	Irvine Graduate Campus
<b>WLK</b>	Westlake Village Graduate Campus
<b>ONL</b>	Online

## PAYMENT (How will tuition be paid?)

<b>A</b>	Personal resources
<b>B</b>	Financial aid (Student Loans / Scholarships)
<b>C</b>	Employer reimbursement – 100%
<b>D</b>	Employer reimbursement – 80%
<b>E</b>	Employer reimbursement – 75%
<b>F</b>	Employer reimbursement – 50%
<b>G</b>	Employer reimbursement – \$2,501 or more per year
<b>H</b>	Employer reimbursement – \$1,001 – \$2,500 per year
<b>I</b>	Employer reimbursement – \$1,000 or less per year

## CITIZENSHIP

<b>I</b>	Non-U.S. citizen
<b>U</b>	U.S. citizen

## RESIDENCY

<b>RE</b>	California resident
<b>NR</b>	Non-California resident

## ETHNICITY (For statistical purposes only)

**Hispanic/Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

### If No, please indicate all that apply:

- A Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- I American Indian or Alaska Native:** A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- B Black or African American:** A person having origins in any of the black racial groups of Africa.
- P Native Hawaiian or other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- W White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

## RELIGION (For statistical purposes only)

<b>AG</b>	Assemblies of God	<b>MN</b>	Mennonite
<b>BT</b>	Baptist	<b>ME</b>	Methodist
<b>BU</b>	Buddhist	<b>OR</b>	Orthodox
<b>CX</b>	Christian Church	<b>PR</b>	Presbyterian
<b>CS</b>	Christian Science	<b>PO</b>	Protestant
<b>CC</b>	Church of Christ	<b>RC</b>	Roman Catholic
<b>CH</b>	Church of God	<b>SD</b>	Seventh-Day Adventist
<b>CG</b>	Congregational	<b>SK</b>	Sikh
<b>DC</b>	Disciples of Christ	<b>UN</b>	Unitarian Universalist
<b>EP</b>	Episcopalian	<b>UC</b>	United Church of Christ
<b>EV</b>	Evangelical Free	<b>UM</b>	United Methodist
<b>HI</b>	Hindu	<b>NO</b>	None
<b>IS</b>	Islamic	<b>OT</b>	Other
<b>JE</b>	Jewish	<b>OC</b>	Other Christian
<b>LD</b>	LDS (Mormon)	<b>UD</b>	Undeclared
<b>LU</b>	Lutheran	<b>(Blank)</b>	Not specified

## VISA (Non-U.S. citizens only)

<b>A1</b>	Diplomatic
<b>A2</b>	Other foreign government official
<b>B1</b>	Business, temporary
<b>B2</b>	Pleasure, temporary
<b>E1</b>	Treaty trader and spouse
<b>E2</b>	Treaty investor and spouse
<b>F1</b>	Student
<b>F2</b>	Family of student
<b>H1</b>	Temporary worker
<b>H2</b>	Temporary worker performing services unavailable in the United States
<b>J1</b>	Exchange visitor
<b>J2</b>	Family of exchange visitor
<b>L1</b>	Intracompany transferee
<b>L2</b>	Spouse or child of L1
<b>PR</b>	Permanent resident
<b>RF</b>	Refugee
<b>OT</b>	Other

## VETERAN

<b>VA</b>	Veteran, applying for VA benefits
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# APPLICATION FOR ADMISSION

<b>FOR OFFICE USE ONLY</b>		
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## PROGRAM INFORMATION

Please type or print in ink.

Term/Year you plan to enroll initially:      Fall 20\_\_\_\_\_

## GENERAL INFORMATION

CWID: \_\_\_\_\_ Date of birth (Month / Day / Year): \_\_\_\_\_

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. no. or C/O: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_ Country (if not U.S.): \_\_\_\_\_

Home phone: (     ) \_\_\_\_\_ Cell phone: (     ) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Employer name: \_\_\_\_\_ Business phone: (     ) \_\_\_\_\_ Ext: \_\_\_\_\_

Position or job title: \_\_\_\_\_ Department / Division: \_\_\_\_\_

Employer address: \_\_\_\_\_ City / State / ZIP: \_\_\_\_\_

Billing name (if different from applicant's name): \_\_\_\_\_ Billing box no. or C/O: \_\_\_\_\_

Billing address: \_\_\_\_\_ City / State / ZIP: \_\_\_\_\_

Previous name under which records may be filed (if applicable): \_\_\_\_\_

Marital status:     Married     Not married      Title:     Mr.     Ms.     Dr.      Gender:     Male     Female

Birthplace (City / State / Country): \_\_\_\_\_

Country of citizenship: \_\_\_\_\_ Are you Hispanic/Latino?     Yes     No

**Please enter the appropriate codes from the Code Key on the previous page.**

Payment	Citizenship	Residency	Ethnicity	Religion	Visa	Veteran
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**Please attach a detailed description for any "Yes" answers to the following questions.**

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution .....  Yes     No

Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Note that you are not required to answer 'yes' to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise required by law or ordered by a court to be kept confidential .....  Yes     No

**EMPLOYMENT INFORMATION** Please include your resume.**CURRENT POSITION**

Company / Organization name:	Industry:
Title of your current position of employment:	Job function:
Number of employees you supervise:	
If applicable, number of employees your subordinates supervise:	
Dates of employment – From:	To:
Starting salary: \$	Current salary: \$
Name and title of your immediate supervisor:	
Size of company / organization – Annual revenue: \$	Total number of employees:

**PREVIOUS POSITION**

Company / Organization name:	
Title of your previous position of employment:	
Number of employees you supervised:	
If applicable, number of employees your subordinates supervised:	
Dates of employment – From:	To:
Starting salary: \$	Ending salary: \$
Name and title of your last supervisor:	
Size of company / organization – Annual revenue: \$	Total number of employees:

**TOTAL YEARS OF FULL-TIME WORK EXPERIENCE:****RESUME**

Please include your current resume.

**ESSAY**

Please answer the following prompt using a typed, double-spaced format.

Address your career goals for the next three to five years, discussing how the MSML program will assist you in accomplishing these goals.

**APPLICANT CERTIFICATION**

I hereby certify that to the best of my knowledge the information supplied on application materials is true and correct. I acknowledge that if accepted for admission by Pepperdine University's Graziadio School of Business and Management and any of the information on this form is found to be untrue, I will be subject to immediate dismissal. I further certify that if admitted to Pepperdine University, I will obtain the most recent Graziadio School of Business and Management catalog and abide by its policies and procedures.

Signature: X

Date:

If you would like information about reasonable accommodations for physical, mental, perceptual, or learning disabilities, please personally contact the University's Disabilities Services Office at 310.506.6500.

Pepperdine University does not unlawfully discriminate on the basis of any status or condition protected by applicable federal or state law in administration of its educational policies, admission, financial aid, employment, educational programs, or activities.