

MBAJ/FEMBA PATHWAYS ADMISSION INFORMATION AND PROCEDURE

PROGRAM OVERVIEW

FEMBA PATHWAYS PROGRAM

BSM students and graduates with a GPA between 3.0 and 3.39 qualify for the FEMBA Pathways program. Qualified applicants may waive up to 16 units from the 52 units required for the FEMBA program. The number of waived units is dependent upon your final cumulative GPA in the BSM program:

GPA	Units Waived	Units To Complete
3.3 - 3.39	16 Units	36 Units
3.2 - 3.29	12 Units	40 Units
3.1 - 3.19	8 Units	44 Units
3.0	0 Units	52 Units

MBAJ PROGRAM

BSM students and graduates with a GPA of 3.4 or higher can earn an MBA with a minimum of 30 units.

REQUIREMENTS

REQUIREMENTS FOR MBAJ

- BSM Program GPA of 3.4 and above
- Minimum of three years of acceptable work experience
- Minimum grade of "B" in each BSM course for which the equivalent MBA core course is waived

REQUIREMENTS FOR FEMBA PATHWAYS

- BSM Program GPA between 3.0 - 3.39
- Minimum of three years of acceptable work experience
- Minimum grade of "B" in each BSM course for which the equivalent MBA core course is waived

The GMAT/GRE test requirement is waived for all applicants to the MBAJ and FEMBA Pathways program.

APPLICATION

CHECKLIST OF APPLICATION REQUIREMENTS

- Finished at least 40 units
- All lower-division requirements completed
- Application form
- Resume
- Essay

SUBMITTING APPLICATION

1. Fill out the application and compose your essay.
2. Return the completed and signed application, essay, and your resume via email to: gsgbm.admission@pepperdine.edu.

FOR ASSISTANCE CALL

Program Office 310.568.5512
Admission Office 310.568.5527

Financial Aid 310.568.5530
Veterans Affairs 310.506.6129

CODE KEY

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

PREFERRED CLASS LOCATION

- 2** West Los Angeles Graduate Campus
- 3** Encino Graduate Campus
- 4** Irvine Graduate Campus
- 6** Westlake Village Graduate Campus

PAYMENT (How will tuition be paid?)

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

CITIZENSHIP

- I** Non-U.S. citizen
- U** U.S. citizen

RESIDENCY

- RE** California resident
- NR** 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)

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

VISA (Non-U.S. citizens only)

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

VETERAN

- VA** Veteran, applying for VA benefits

APPLICATION FOR ADMISSION

FOR OFFICE USE ONLY		
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PROGRAM INFORMATION

Please type or print in ink.

Term/Year you plan to enroll initially: Spring 20_____ Summer 20_____ Fall 20_____

Preferred class location (enter code from Code Key on previous page): 1st choice: 2nd choice: Emphasis:

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.

Has any college disqualified or dismissed you or asked you to withdraw? Yes No

Have you been convicted of a criminal offense and/or have you been arrested for a crime for which trial is now pending: You may omit any: Yes No

- a) Marijuana related offense for personal use that is more than two years old;
- b) Conviction that has been sealed, expunged or legally eradicated;
- c) Misdemeanor for which probation was completed and the case was dismissed by the court .

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 question using a typed, double-spaced format.

Describe your qualifications for acceptance to the MBA program. Be sure to address your leadership potential, creative abilities, and motivational aptitude.

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.