

MSML PATHWAYS ADMISSION INFORMATION AND PROCEDURE

PROGRAM OVERVIEW

MSML PATHWAYS PROGRAM

The Master of Science in Management and Leadership (MSML) is a 36-unit online program with three start terms per year. 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

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:
PGBS.admission@pepperdine.edu.

FOR ASSISTANCE CALL

Program Office 310.568.5500

Admission Office 310.568.5535

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

WLA	West Los Angeles Graduate Campus
ENC	Encino Graduate Campus
IRV	Irvine Graduate Campus
WLK	Westlake Village Graduate Campus
ONL	Online

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
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APPLICATION FOR ADMISSION

FOR OFFICE
USE ONLY

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 marriedTitle: ☐ 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

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.