

**Download an electronic PDF of the application here: [www.mpba.pitt.edu/application](http://www.mpba.pitt.edu/application)**

This application is for the MPBA program with classes starting in the year \_\_\_\_\_.

## General Information

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_  
CITY STATE POSTAL CODE COUNTRY

Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birthdate (MM-DD-YYYY): \_\_\_\_\_

Are you of Hispanic or Latino ethnicity (meaning a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)? yes no

Please select one or more race(s)/ethnicity(ies) from the following groups that you identify with:  American Indian or Alaskan Native  Asian  African American  Native Hawaiian or Other Pacific Islander  White

What is your citizenship? \_\_\_\_\_ Do you hold any visas? \_\_\_\_\_

LinkedIn Profile Address \_\_\_\_\_ Skype User Name \_\_\_\_\_

## Company Information

Company/Organization Name: \_\_\_\_\_

Division: \_\_\_\_\_

Business Address: \_\_\_\_\_  
NUMBER STREET P.O. BOX

\_\_\_\_\_  
CITY STATE POSTAL CODE COUNTRY

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Industry: \_\_\_\_\_ Annual Sales: \_\_\_\_\_

Please check the range that best describes the size of your company:

- Fewer than 100       500-999 employees       10,000-99,999 employees  
 100-499 employees       1,000-9,999 employees       More than 100,000 employees

## Professional Information

Total years of professional experience: \_\_\_\_\_ Length of time in management position: \_\_\_\_\_

Current Title: \_\_\_\_\_ Since: \_\_\_\_\_ Number of persons supervised directly: \_\_\_\_\_

Please indicate your annual compensation (for statistical purposes only):

Base Salary (in US Dollars) \$ \_\_\_\_\_ + Other Compensation \$ \_\_\_\_\_ = Total \$ \_\_\_\_\_

Please describe your major area(s) of responsibility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title of Immediate Supervisor: \_\_\_\_\_

Supervisor's Business Address: \_\_\_\_\_  
NUMBER STREET

\_\_\_\_\_  
CITY STATE POSTAL CODE COUNTRY

Supervisor's Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

## Academic Background

List in order, beginning with the earliest, all academic work since high school:

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_

QPA: \_\_\_\_\_ Degree and Date: \_\_\_\_\_

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_

QPA: \_\_\_\_\_ Degree and Date: \_\_\_\_\_

College or University: \_\_\_\_\_ Location: \_\_\_\_\_

Dates attended: \_\_\_\_\_ to \_\_\_\_\_ Major: \_\_\_\_\_

QPA: \_\_\_\_\_ Degree and Date: \_\_\_\_\_

## Supplementary Materials

Transcripts:  Enclosed  Will be sent

The following individuals will be asked to submit letters of recommendation:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Position Relative to Applicant: \_\_\_\_\_ Telephone: \_\_\_\_\_

## Sources of Support

Check the support you expect from your employer:  Total tuition  Part tuition \_\_\_\_\_ (%)  Time off only  Uncertain

By signing this application, I attest that all information given above is true to the best of my knowledge.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

## Mail, Fax, or Email Application to:

University of Pittsburgh  
Bridget Walker  
5th Floor Alumni Hall  
4227 Fifth Avenue  
Pittsburgh, PA 15260

Tel: 412-648-8565  
Email: Bridget.Regan@pitt.edu



University of Pittsburgh

PittPharmacy

**KATZ** JOSEPH M. KATZ  
GRADUATE SCHOOL  
OF BUSINESS