

PERSONAL DETAILS

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Mrs		
First Name		Last Name (Surname)	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	Date of Birth	

CONTACT DETAILS

Building / Property Name		Flat / Unit Number	
Street Number		Street Name	
Suburb / Town		State	
Country		Zip Code	
Mobile		Phone	
E-mail			

IN CASE OF EMERGENCY

Name			
Relationship		Street Number	
Street Name		State	
Country		Zip Code	
Mobile		Phone	
E-mail			

NATIONALITY / CITIZENSHIP DETAILS

Ethnicity	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		
Race	<input type="checkbox"/> American/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White		
Country of Citizenship		Country of Birth	
Native Language			

PROGRAM OF CHOICE

<input type="checkbox"/> M.S. Computer Science <input type="checkbox"/> M.S. in Health Informatics <input type="checkbox"/> M.B.A <input type="checkbox"/> M.S. in Information Technology <input type="checkbox"/> M.S. in Business Analytics	
Intake <input type="checkbox"/> Fall <input type="checkbox"/> Spring	2025
Application Type	<input type="checkbox"/> International <input type="checkbox"/> Transfer

ENGLISH LANGUAGE PROFICIENCY

Name of the test		Overall	
Listening		Reading	
Writing		Speaking	

EMPLOYMENT STATUS

What is your employment status? ☐ Unemployed ☐ Self-employed ☐ Retired ☐ Employed

WORK EXPERIENCE (If Applicable)

We encourage all applicants to provide work experience information by attaching a resume to this application. In addition, please provide your work history below, beginning with your most recent employer.

Organization Name 1		Dates of employment	
Organization Name 2		Dates of employment	
Organization Name 3		Dates of employment	

ACADEMIC HISTORY

STANDARDIZED TESTS (If Available)

Graduate Record Exam (General)

Verbal score:		Quantitative score	
Analytical Writing score		Date taken	
Anticipated test date			

STUDENT CONDUCT

Have you ever been found guilty or convicted of a felony? ☐ Yes ☐ No

If yes, please explain _____

Have you ever been found responsible for a disciplinary violation at any educational institution you have attended that resulted in a disciplinary action? ☐ Yes ☐ No

If yes, please explain _____

EDUCATION HISTORY

All applicants must submit college transcripts from all institutions previously attended, including your current institution (if you are currently in attendance).

If you have attended more than one institution, please list your colleges in order of attendance with the institution you most recently attended or currently attend listed first.

For initial application review, the Office of Graduate Admissions will accept unofficial copies of transcripts.

College/University Attended	Location	Degree Received	Date Awarded	GPA/ Percentage

RECOMMENDERS			
RECOMMENDERS- 1			
First Name		Last Name	
Designation		Name of Organization	
Email			
RECOMMENDERS- 2			
First Name		Last Name	
Designation		Name of Organization	
Email			
RECOMMENDERS- 3			
First Name		Last Name	
Designation		Name of Organization	
Email			
STATEMENT OF PURPOSE			
<p>You may attach your Statement of Purpose or submit your application without it and send your Statement once you have completed it. Please note that if you are required to submit a Statement of Purpose, your application will not be reviewed until it has been received. Your Statement of Purpose should be approximately one to two pages, double-spaced, in 12 point font. It should provide the review committee with insight on your past experiences and your future career objectives.</p> <p>There are no specific guidelines for the content of your Statement of Purpose. However, you may wish to consider the following:</p> <ol style="list-style-type: none"> When crafting your Statement, it may be beneficial to consider your past, present, and future. <ul style="list-style-type: none"> Past: What have your educational and work experiences been thus far? What has led you to this point in your life? Present: Why are you applying to graduate school? Why are you choosing this institution? Why are you choosing this program? Future: What are your career goals? How will your degree from Franklin help you to attain them? <p>I declare that the information I supplied on this form is correct and complete. I am aware of the course fee and living costs of my stay in U.S.A and have the financial capacity to meet such costs for the duration of my course. I will make timely payments of any fees or associated costs. I give my consent to share my academic performance and fee payment details with Leeds Management Services.</p> <p>I certify that the information provided on this application is true, accurate and complete. I understand that any misrepresentation or omission may be cause for denial or cancellation of admission. I give my consent to Leeds Management Services to check and verify the various components of my application to Franklin University, and I authorize Leeds Management Services to share this information with any third party involved in conducting such verification.</p>			
Applicant Signature		Date	

APPLICANT'S CHECK LIST (TICK ALL THAT YOU HAVE COMPLETED)	AGENT'S DECLARATION AND DETAILS (If Applicable)
<input type="checkbox"/> All details in the application form are filled in correctly <input type="checkbox"/> Application is signed and dated <input type="checkbox"/> All attached documents are verified by agent or certified I am attaching the following documents <input type="checkbox"/> Passport copy <input checked="" type="checkbox"/> Proof of English <input type="checkbox"/> Any other Academic documents Certificates/ Transcripts/Statements (if any) <input type="checkbox"/> Work Experience Letters	<input type="checkbox"/> I have assessed the applicant as a genuine student X <input type="checkbox"/> The applicant is genuine in making this application and has every intention of completing all courses listed in the application and has sufficient funds to complete the courses. <input type="checkbox"/> I have made every effort to verify the authenticity and validity of the documents which form part of this application Agent Signature _____ Date _____ Agent Stamp _____
PLEASE SUBMIT YOUR APPLICATION TO	Leeds Management Services admissions.franklin@leedsmanagementservices.com