

# Application for Admission

---

## ADMISSION PROCEDURES

- Complete and submit the *Application for Admission* along with a \$75 application fee.
  - Submit proof of graduation or previous credits earned. (Acceptable documents include an *Issued to Student* transcript or copy of a diploma.)
  - Submit a resume or summary of employment history.
  - Complete an interview with an Admissions Officer.
  - Submit TOEFL scores, if applicable.
- 

Submit admission materials to:

University of Fairfax  
Department of Admissions  
1818 Electric Road SW  
Roanoke, VA 24018  
or  
Fax to: 703.891.9400

---

The University of Fairfax does not discriminate on the basis of gender, age, race, creed, national origin, sexual orientation or disability in admissions, employment or access to academic programs or student activities.



**Application for Term Beginning:** Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Credential:** (Check all that apply.) Doctorate (DIA)  Doctorate (DSc)  Masters  Graduate Certificate

**Personal Data**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Maiden Name (optional) \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Are you a U.S. Citizen?  YES  NO If no, currently citizen of: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

**Education**

List all undergraduate and graduate institutions you have attended or are now attending:

Name of Institution \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Name of Institution \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Name of Institution \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Name of Institution \_\_\_\_\_ City/State \_\_\_\_\_ Dates Attended \_\_\_\_\_ Degree Earned \_\_\_\_\_ Major \_\_\_\_\_ GPA \_\_\_\_\_

Other Name(s) attended under: \_\_\_\_\_

List any academic honors and awards earned:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The University of Fairfax does not discriminate on the basis of gender, age, race, creed, national origin, sexual orientation or disability in admissions, employment or access to academic programs or student activities.



**Employment**

In addition to providing a copy of your resume, please list your most recent work experience:

Employer	City/State	From / To	Title
Employer	City/State	From / To	Title

Summarize your current job duties and responsibilities:

---



---

Please provide three professional references:

Name	Title	Telephone	E-mail
Name	Title	Telephone	E-mail
Name	Title	Telephone	E-mail

**Activities**

List extracurricular or community activities:

---



---



---

**Objectives/Goals**

Please summarize your career goals:

---



---



---



---



---

The University of Fairfax does not discriminate on the basis of gender, age, race, creed, national origin, sexual orientation or disability in admissions, employment or access to academic programs or student activities.



Describe what you consider to be your most significant accomplishment to date and why:

---

---

---

Discuss why you have decided to pursue a graduate program at this time:

---

---

---

---

- I affirm that all the above statements and that all of the materials I submit in support of this application are true, accurate and correct. I understand that any false or misleading statements or materials may constitute grounds for denial of admission or later expulsion.
  
- By checking this box I hereby authorize the University of Fairfax to obtain an official copy of my college/university transcript(s) from the appropriate custodian of such records as noted above. I understand that if I do not provide this authorization I will be responsible for the ordering and submission of official copies of my transcripts to the University.

---

Applicant's Signature

Date



## Credit Card Authorization Form

I, \_\_\_\_\_, hereby  
(Print Full Name)

authorize the University of Fairfax to process the amount of \$75.00 on my credit card to satisfy my Application Fee to the school.

I understand that this document will be used for proof that I have authorized the use of my card, as noted by my signature below.

Card Type (select one):  MC  VISA  AMEX  DISC

Name (*exactly* as it appears on card): \_\_\_\_\_

Card Account#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Card ID<sup>1</sup>: \_\_\_\_\_  
MM YYYY

Billing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> 3-digit code on back for MC/Visa/Discover or 4 digit code on front for AMEX

## Program Declaration Form

**Name:** \_\_\_\_\_  
 (Please Print) Last First MI

**Date of Program Start:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 MM YEAR

**I wish to enroll in the following program:**

<input type="checkbox"/> <b>Graduate Certificate Program(s):</b> (Check all that apply)  <input type="checkbox"/> Cybersecurity Best Practices - CISSP (CBP) <input type="checkbox"/> Information Security Professional Practices (ISPP) <input type="checkbox"/> Information Security Analysis (ISA) <input type="checkbox"/> Information Security Auditing (IAU) <input type="checkbox"/> Information System Certification (ISC) <input type="checkbox"/> Information Security Engineering (ISE) <input type="checkbox"/> Information Security Enterprise (ISEN)	<input type="checkbox"/> <b>Master of Science in Information Security Management (MSISM)</b>  <input type="checkbox"/> <b>Dual Degree (MSISM/DIA)</b> <input type="checkbox"/> <b>Dual Degree (MSISM/DSc)</b>  <b>With the following specialization(s):</b> (Please check one)  <input type="checkbox"/> Information Security Analysis (ISA) <input type="checkbox"/> Information Security Auditing (IAU) <input type="checkbox"/> Information System Certification (ISC) <input type="checkbox"/> Information Security Engineering (ISE)  <b>While enrolled I would like to earn the following Graduate Certificates:</b> (Check all that apply)  <input type="checkbox"/> Cybersecurity Best Practices - CISSP (CBP) <input type="checkbox"/> Information Security Professional Practices (ISPP) <input type="checkbox"/> Information Security Enterprise (ISEN)	<input type="checkbox"/> <b>Doctorate in Information Assurance (DIA)</b>  <b>While enrolled I would like to earn the following Graduate Certificates:</b> (Check all that apply)  <input type="checkbox"/> Cybersecurity Best Practices - CISSP (CBP) <input type="checkbox"/> Information Security Professional Practices (ISPP) <input type="checkbox"/> Information Security Enterprise (ISEN)	<input type="checkbox"/> <b>Doctor of Science (DSc) in Information Assurance</b>  <b>While enrolled I would like to earn the following Graduate Certificates:</b> (Check all that apply)  <input type="checkbox"/> Cybersecurity Best Practices - CISSP (CBP) <input type="checkbox"/> Information Security Professional Practices (ISPP)	<input type="checkbox"/> <b>Master of Science in Enterprise Management (MSEM)</b>  <b>With the following specialization(s):</b> (Please check one)  <input type="checkbox"/> Information Security Analysis (ISA)  <b>While enrolled I would like to earn the following Graduate Certificates:</b> (Check all that apply)  <input type="checkbox"/> Cybersecurity Best Practices - CISSP (CBP) <input type="checkbox"/> Information Security Professional Practices (ISPP)
---	--	--	---	--

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The University of Fairfax does not discriminate on the basis of gender, age, race, creed, national origin, sexual orientation or disability in admissions, employment or access to academic programs or student activities.