

UNIVERSITY OF COLORADO AT BOULDER
LEEDS SCHOOL OF BUSINESS

M.S. Accounting Program
Applicant Information Sheet

Name: _____

CU Student ID #(if applicable): _____

Phone Number: _____

E-Mail Address: _____

Mailing Address: _____

_____ Street/P.O. Box

_____ City State Zip

_____ Country

GMAT Scores:

I plan to take the GMAT on _____
Date

I have taken the GMAT on _____
Date

Total score: _____ Total %: _____

Verbal: _____ Verbal %: _____

Quantitative: _____ Quantitative %: _____

Analytical: _____ Analytical %: _____

TOEFL or IELTS: (International Applicants)

Reading: _____ Listening: _____ Speaking: _____ Writing: _____

Total Score: _____

Please list the persons from whom you have requested recommendations

Name	Phone Number	Relationship to Applicant
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1) _____

2) _____

3) _____

How did you hear of our program?
