UNIVERSITY OF Cincinnati

College of **Business**

University of Cincinnati College of Business
Back to Business Program

Application & Instructions

Please respond to each of the following items.
Your typed responses on separate pages would be appreciated.

1. Please complete the attached form and email to amit.raturi@uc.edu.
2. You may submit a printed application to:
   Amit Raturi
   University of Cincinnati
   College of Business, ML#130
   Back to Business Program
   Cincinnati, OH 45221-0130
3. A reasonably interesting account of your life. Include, for example, significant and important persons and events, especially as they have impacted, or continue to impact, your personal growth and development. One page single spaced.
4. A description of your recent work (vocational) history. Include a brief statement about your last employment and work relationships. One page single spaced.
5. Please attach a current resume.
6. A deposit of $500 will be required when you are admitted to the program (checks payable to University of Cincinnati). This deposit will be refunded upon successful completion of the Back to Business program.

Application Received By Deadline: October 31, 2009

Application for Back to Business Program
University of Cincinnati College of Business

Applying for: Fall: __x___ Winter: _____ Spring: _____ Summer: ____

Preferred program/site: __**College of Business Carver Woods Facility - Blue Ash**___

Directory Information

Name: _____ U.S. Citizen: Yes No

Mailing Address: _____ City:_____ ST: _____

Country & ZIP:_____ Email: _____

Day Phone.:_____ Cell Phon.:_____ Fax: _____

Permanent Address:_____ City:_____ ST: _____

Country & ZIP:_____ Alt Email: _____

College: Degree/Date: _____

Major:_____GPA:_____Awards:_____

Graduate School: Degree/Date: _____

Major:_____GPA:_____Awards:_____

Preferred Contact Method: Email ____ Phone ____ Cell _____

Reference

Professional Reference (Name/Title): _____

Phone:_____ Address: _____

City:_____ ST: _____ ZIP: _____ Email:_____

Can we contact them? Yes/No

Personal Reference (name/relationship): _____

Phone:_____ Address: _____

City:_____ ST: _____ ZIP: _____ Email:_____

Can we contact them? Yes/No

I certify that all information in this application is factually true, complete and honestly presented.

Signature: _____ Date: _____