

GRADUATE APPLICATION PACKET

INDIANATECH

College of Professional Studies

www.IndianaTech.edu/CPS

THE COLLEGE OF PROFESSIONAL STUDIES

Admissions Requirements

Graduate programs at the university are designed to serve the working professional adult who seeks an alternative to traditional graduate work.

The university believes that working prior to the pursuit of a graduate degree helps the student attain considerable knowledge, maturity, and discipline that is not common in younger students. These characteristics are deemed essential for successful completion of the program, and therefore, are part of the admissions requirements.

The basic admissions requirements for the Graduate Division at Indiana Tech are:

- A bachelor's degree from a regionally accredited institution
- Minimum undergraduate GPA of 2.5
- Minimum of two years of significant work experience
- Completion of the Graduate Division Application Package

If the applicant does not meet the minimum work experience, the following criteria can be substituted:

- Minimum undergraduate GPA of 2.5
- 200 times undergraduate GPA plus GMAT score must equal or exceed 1000 total points

Specific graduate programs may have additional requirements and/or prerequisite courses. Please consult your admissions representative for details.

Your admissions package will be reviewed by the academic staff of the university. Indiana Tech may permit students who do not fully meet the above requirements to start their program on a conditional basis. If admitted on a conditional basis your acceptance letter will summarize the conditions that must be met for you to continue in your program of study.

Application Checklist

This application packet is your guide to getting started on earning a master's degree at Indiana Tech.

All of the forms you need for the application process are included in this booklet. You also can find these forms online at www.IndianaTech.edu/Forms.

This checklist can help you stay on track with your goals.

- Complete the four-page application and return it with the \$25 application fee to the campus at which you plan to take classes.
- Fill out the "Student Information" section of the Recommendation Forms and distribute them to the people who will write the recommendations. Please ask them to return the completed form in the postage paid envelope provided. Current and former employers, professors, and colleagues are good sources for recommendations. Recommendations from family members are not acceptable.
- Use the Transcript Request Form to have official copies of your undergraduate transcripts sent to Indiana Tech. If you need additional forms, please photocopy the form.
- Complete the Payment Options Form before registering for your first class.
- Sign the Textbook Rental Agreement to indicate your understanding of Indiana Tech's textbook policy.
- If you will be using financial aid, complete the Letter of Intent form to indicate your enrollment plans and your preference for handling of any excess funds.

The admissions committee will make a decision after all of the paperwork has been received.

INDIANA TECH

www.IndianaTech.edu/CPS
(800) 288-1766

Application for Admission

Graduate Division

INDIANA**TECH**

Student Information

Full Legal Name: _____
Last First Middle Maiden

Home Address: _____
Street

_____ City _____ State _____ Zip

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail Address: _____

Social Security #: _____ Gender: Male Female

Place of Birth: _____ Date of Birth: _____

County of Residence: _____ Country of Citizenship: _____

Ethnicity/Race: *Optional, will be used for statistical purposes only.*

1. First please designate your ethnicity as:
 Hispanic or Latino Not Hispanic or Latino
2. Then please indicate one or more races that apply among the following:
 American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White

Academic Preferences

Preferred class location:

- | | | | | | |
|---------------------------------------|---|-------------------------------------|------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> Elkhart | <input type="checkbox"/> Fishers | <input type="checkbox"/> Fort Wayne | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Huntington | <input type="checkbox"/> Indianapolis (Pyramids) |
| <input type="checkbox"/> Kendallville | <input type="checkbox"/> Louisville | <input type="checkbox"/> Mishawaka | <input type="checkbox"/> Munster | <input type="checkbox"/> New Albany | <input type="checkbox"/> Plainfield |
| <input type="checkbox"/> Warsaw | <input type="checkbox"/> Other class site _____ | | | <input type="checkbox"/> Online | |

Preferred start date:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Session 1 (July) | <input type="checkbox"/> Session 2 (Sept.) | <input type="checkbox"/> Session 3 (Oct.) | <input type="checkbox"/> Session 4 (Dec.) |
| <input type="checkbox"/> Session 5 (Feb) | <input type="checkbox"/> Session 6 (March) | <input type="checkbox"/> Session 7 (April) | <input type="checkbox"/> Session 8 (June) |

Please choose the degree program for which you are applying (note that not all degrees are available at all locations).

- | | |
|--|--|
| <input type="checkbox"/> Master of Business Administration (MBA) – Accounting | <input type="checkbox"/> MBA/MSE dual degree program |
| <input type="checkbox"/> Master of Business Administration (MBA) – Health Care Mgmt. | <input type="checkbox"/> Master of Science in Management (MSM) |
| <input type="checkbox"/> Master of Business Administration (MBA) – Human Resources | <input type="checkbox"/> MBA/MSM dual degree program |
| <input type="checkbox"/> Master of Business Administration (MBA) – Management | <input type="checkbox"/> Master of Science in Organizational Leadership (MSOL) |
| <input type="checkbox"/> Master of Business Administration (MBA) – Marketing | <input type="checkbox"/> Master of Science in Police Administration (MPA) |
| <input type="checkbox"/> Master of Science in Engineering Management (MSE) | |

Previous Education

List the colleges and universities you have attended as a full-time or part-time student. Admission to the Graduate Division of Indiana Tech requires you to have an earned bachelor's degree. (Attach additional sheet if necessary.)

College/University	Name While Attending	Degree	Year	GPA	Major
College/University	Name While Attending	Degree	Year	GPA	Major
College/University	Name While Attending	Degree	Year	GPA	Major

You are required to provide Indiana Tech with transcripts from the college or university at which you earned your bachelor's degree. You also may be asked to provide transcripts from other institutions to aid in the admissions decision. Have you requested that transcripts be sent to Indiana Tech? Yes No

Students with less than two years of full-time work experience are required to take the GMAT (unless applying for the MSE). Have you taken the GMAT? No Yes Score: _____
Did you request a copy of your score be sent to Indiana Tech? Yes No

Recommendations

You are required to submit three recommendations. At least one of these recommendations must come from your current employer. Other recommendations should come from either employers (current or former), former professors, or other professionals who can testify to your ability and preparedness for graduate work. Recommendations from family members are not acceptable. Please list below the people who will be providing recommendations for you. Please list the individual's association with you (e.g., employer, former professor, civic association, etc.) in the space provided.

Name	Phone Number	Association
Name	Phone Number	Association
Name	Phone Number	Association

Essay

Admissions guidelines for Indiana Tech's graduate programs require that an essay be submitted as part of the application. Please attach your essay as a separate sheet.

Essay Format

- 500 to 750 words
- Double-spaced, 12-point font
- APA style

Essay Topics

- **If you are applying for the MBA program:** Please answer the following question: What are your career goals for the next five years and how will the MBA from Indiana Tech assist you in attaining these goals?
- **If you are applying for the MSM or MSE programs:** Please write an essay describing (a) how you expect to handle the demands of earning a graduate degree while balancing work and family commitments, and (b) your expectations of the program.
- **If you are applying for the MSOL program:** Please write an essay that describes your personal leadership style and how it has shaped your career. The essay should include your expectations for the MSOL. Please note that the essay is one of the major components of the admission requirements.

Professional Work Experience (not required for MSE applicants)

Prepare a history of your work experience. Start with your current or most recent employer and work backward. Please attach additional sheets if necessary. Admissions guidelines for the Graduate Division require:

- **For the MBA and MSM programs:** Two years of professional work experience. Those without work experience are required to submit a Graduate Management Aptitude Test (GMAT) score.
- **For the MSOL program:** Three years of work experience with an increasing level of supervisory responsibilities

Employer's Name: _____ Job Title: _____

Street Address: _____

City, State, Zip: _____

Employment Dates: _____ Phone Number: _____

Responsibilities: _____

Accomplishments: _____

Employer's Name: _____ Job Title: _____

Street Address: _____

City, State, Zip: _____

Employment Dates: _____ Phone Number: _____

Responsibilities: _____

Accomplishments: _____

Employer's Name: _____ Job Title: _____

Street Address: _____

City, State, Zip: _____

Employment Dates: _____ Phone Number: _____

Responsibilities: _____

Accomplishments: _____

Accomplishments

Please list any other professional licenses, certifications, accomplishments, or contributions you may have made through other organizations or volunteer work that you feel may aid the admissions committee in its decision making process. Attach additional sheets if necessary.

Financial Information

While it is the ultimate responsibility of each student to finance his or her own education, Indiana Tech will work with third parties to try to aid students in their quest for financial assistance. Please indicate which sources of financial aid you will be utilizing, so that we may better assist you.

- | | |
|--|--|
| <input type="checkbox"/> Employer Tuition Assistance | <input type="checkbox"/> Government Student Aid Programs |
| <input type="checkbox"/> Veterans/Military Benefits | <input type="checkbox"/> Student Loans |
| <input type="checkbox"/> Job Works | <input type="checkbox"/> Other: _____ |

If you are in need of financial aid, you can download the Free Application for Federal Student Aid (FAFSA) at www.fafsa.ed.gov or you can contact the College of Professional Studies at (260) 422-5561 or (800) 288-1766. This form is required for all government aid and student loan programs. Visit us online at www.IndianaTech.edu/CPS for more information about the various aid programs or call the financial aid office at (800) 937-2448 or (260) 422-5561, ext. 2334.

Non-Discrimination Policy

Indiana Tech admits students without regard to race, color, religious creed, sex (including pregnancy), age, marital status, sexual orientation, national origin, veteran status, or any other classification protected by applicable discrimination laws, with all rights, privileges, programs, and activities generally accorded or made available to students at the school. Indiana Tech does not discriminate on the basis of race, color, religious creed, sex (including pregnancy), age, marital status, sexual orientation, national origin, veteran status, or any other classification protected by applicable discrimination laws, in administration of its educational policies, admissions policies, scholarship, loan programs, and athletic and other school administered programs. Indiana Tech will make reasonable accommodations for qualified individuals with a disability, if it can do so without undue hardship, so that such individuals can enjoy the same access to services, programs, or activities as other non-disabled individuals.

Verification

I do hereby certify that:

- All the information listed on this application is, to the best of my knowledge, accurate and truthful.
- I understand the application fee is non-refundable.

Signature

Date

Please mail the completed application and \$25 fee to the campus nearest you. If you have questions, call us at (800) 288-1766 or visit our Web site at www.IndianaTech.edu/CPS.

Fort Wayne Campus
College of Professional Studies
1600 E. Washington Blvd.
Fort Wayne, IN 46803
(260) 422-5561
(260) 422-1518, fax

Indianapolis Campus
College of Professional Studies
3500 DePauw Blvd., Pyramid 3010
Indianapolis, IN 46268
(317) 466-2121
(317) 466-2124, fax

Elkhart Campus
College of Professional Studies
3333 Middlebury St.
Elkhart, IN 46516
(574) 296-7075
(574) 294-1334, fax

For Office Use Only

Check number: _____

Credit Card Type: _____

Registration: Y N

Start Date: _____

Accepted: _____

Student ID Number: _____

Recommendation Form

Graduate Division

Student Information (to be completed by the applicant)

Name: _____
Last First Middle Maiden

I, the applicant named above, understand that this recommendation will become part of my admissions file with Indiana Tech. As part of the file, I have the right to review this recommendation at my request. (Please check one of the boxes and sign below.)

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's signature Date

Recommendation (to be completed by the submitter)

The person whose name appears above has applied for admission to Indiana Tech's Graduate Division. The applicant has asked you to testify to his or her preparedness for graduate study. Please assist the admissions committee by completing the following form and responding openly and honestly to the requested information. Please be advised that the applicant does have legal access to this information, unless he or she has waived that right (see above).

How long have you known the applicant?

Please describe your relationship with the applicant.

Please assess the applicant's skill level in the following areas by marking the box that most closely approximates the competency of the applicant in comparison to the population.

	Top 5%	Top Quarter	2nd Quarter	Lower 50%
Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking responsibility for tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Recommendation

Admission to the Graduate Division requires a minimum of two years of professional work experience. The assumption of the university is that by working for a period of time prior to the pursuit of a graduate degree, the student has attained considerable knowledge, maturity, and discipline that is not common in younger students. These characteristics are deemed essential for successful completion of the degree program. Please provide a written narrative that demonstrates how the student has met this requirement. You may attach your comments on a separate sheet if you prefer.

Verification

I do hereby certify that all the information listed on this recommendation is, to the best of my knowledge, accurate and truthful.

Signature of Submitter

Date

Name of Submitter (please print)

Daytime Phone Number

Title

Please return this form in the postage paid envelope provided. If you have questions, call us at (800) 288-1766 or visit our Web site at www.IndianaTech.edu/CPS. Thank you for taking the time to provide the admissions committee with this information.

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(317) 466-2121
(317) 466-2124, fax

Elkhart Campus

College of Professional Studies
3333 Middlebury St.
Elkhart, IN 46516
(574) 296-7075
(574) 294-1334, fax

Recommendation Form

Graduate Division

Student Information (to be completed by the applicant)

Name: _____
Last First Middle Maiden

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Verbal communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Problem solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to learn new concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Taking responsibility for tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Verification

I do hereby certify that all the information listed on this recommendation is, to the best of my knowledge, accurate and truthful.

Signature of Submitter

Date

Name of Submitter (please print)

Daytime Phone Number

Title

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Elkhart, IN 46516
(574) 296-7075
(574) 294-1334, fax

Payment Options Form

College of Professional Studies

Student Information

Name (Please print) _____ ID # _____

Date of Birth _____ E-mail address: _____

Home Phone _____ Work Phone _____

Payment Options

Select **ONE** payment option.* Refer to the Payment Information Sheet to determine which option best fits your situation.

- Pre-pay** **Financial Aid** (Date FAFSA filed _____) **Automatic Payment** (\$25 fee per year)
 Voucher/Authorization Form Process (Employer _____) **Direct Billing** (separate form needed)
 Deferment for Employer Assistance (\$25 fee billed to student account) **Military** (Benefit type _____)

**Subject to approval by the Business Office. You will be contacted if another option is required.*

Deferment Information (complete this section only if choosing Deferment for Employer Assistance)

Employer _____ Phone _____

Employer contact person _____ Annual employer assistance amount _____

Description of reimbursement policy _____

I understand and agree that:

- I alone am fully responsible for full payment of all tuition, fees, and books by the indicated due date, regardless of whether or not I receive payment from my employer. It is my responsibility to provide all necessary information (including grades) to my employer according to their policy regarding reimbursement.
- There is a one-time \$25 fee to sign up for the deferment option. The fee will be billed to your student account.
- The university may contact my employer to determine whether I am eligible for the indicated tuition reimbursement.
- Any balance outstanding after the indicated due date will incur a late fee of \$50 in addition to the monthly late charges.
- I will not be permitted to register while I have a past due balance and any current registrations may be canceled.
- I have read and accepted this agreement and understand this form must be filed each academic year.

Verification

I, _____, have elected to pay for my tuition as selected above. I understand that my account is my responsibility, regardless of whether or not I receive payment from my employer or other financial assistance and I agree to follow Indiana Tech's payment policies. I understand that in the event my account is more than 30 days past due I will be assessed 1.5% late charges per month or 18% per year on the past due balance. Due to lack of payment, the university may give my account to an outside agency to seek restitution. Furthermore, in the event the university has to incur any expenses collecting this account, I agree to pay all the costs of collection. This includes, but is not limited to, collection agency fees, court costs, and/or any reasonable attorney fees. I authorize the university to release financial information about my account to those involved with collecting the balance due.

Signature _____

Date _____

Contact Information

Phone: (888) 832-4742

E-mail: accounts_cps@indianatech.edu

Fax: (260) 420-8211

Payment Options

Each College of Professional Studies student must complete the Payment Options Form. This gives the Business Office the information needed to process your tuition account. Please read the details below for a description of each option.

- 1. Pre-pay:** Students using this payment method may register for a full semester of courses; however, courses not paid at the time of registration will be coded "pre-registered." The student is responsible for ensuring that payment is received by the Business Office by the registration deadline. Payments may be made by check, money order, cashier's check or credit card. Students may make a payment by credit card at our Web site, www.IndianaTech.edu.
- 2. Financial Aid:** Students using financial aid to pay for their tuition are responsible for ensuring that all proper paperwork is completed in a timely manner. A FAFSA must be on file with our financial aid office BEFORE registration. Students whose aid does not cover the entire tuition charges must make sufficient arrangements with the Business Office. Students who do not qualify for aid or their aid is canceled for any reason will be required to pay their account in full and provide a new Payment Option Form for future courses.
- 3. Direct Billing:** Some employers may wish to have their employees' tuition billed directly. Students should contact their admissions representative or the Business Office for more information.
- 4. Voucher/Authorization Process:** Students whose employer uses a voucher system will choose this option. Vouchers are an approval for each course obtained by the student from the employer. The voucher or authorization form is due to the Business Office by the registration deadline of each session.
- 5. Deferment for Employer Assistance:** Students who receive tuition assistance from their employer must complete the deferment section of the Payment Option Form. These students qualify to defer the tuition for 45 days after the end of the session. If the tuition is not received by the scheduled due date, the credit card provided will be automatically charged. Those who do not have a credit card will need to choose to prepay or choose the automatic payment through a checking or savings account. Students who receive assistance through the Veterans Administration will use this option. There is a \$25 fee for this service.
- 6. Automatic Payment:** This payment method provides students with an automatic payment process and allows them to use the 45 day deferment. Students can choose to have their tuition automatically paid with a credit/debit card or through an automatic bank withdrawal. An additional agreement is required. The credit/debit card or checking/savings account provided will automatically be debited for the tuition due on the scheduled due dates. When this choice is selected, ALL tuition payments must be made through this process. There is a \$25 fee per academic year for this service.

Due Dates for Deferred Tuition Payments (Academic Year 2011-2012)

Undergraduate	Registration Deadline	Due Date	Graduate	Registration Deadline	Due Date
Session 1	July 8, 2011	Oct. 11, 2011	Session 1	July 8, 2011	Oct. 18, 2011
Session 2	Aug. 12, 2011	Nov. 15, 2011	Session 2	Aug. 19, 2011	Nov. 29, 2011
Session 3	Sept. 16, 2011	Dec. 20, 2011	Session 3	Sept. 30, 2011	Jan. 17, 2012
Session 4	Oct. 21, 2011	Jan. 31, 2012	Session 4	Nov. 11, 2011	March 20, 2012
Session 5	Dec. 16, 2011	March 27, 2012	Session 5	Jan. 13, 2012	May 1, 2012
Session 6	Feb. 3, 2012	May 8, 2012	Session 6	March 3, 2012	June 12, 2012
Session 7	March 16, 2012	June 19, 2012	Session 7	April 13, 2012	July 24, 2012
Session 8	April 20, 2012	July 24, 2012	Session 8	May 25, 2012	Aug. 28, 2012
Session 9	May 25, 2012	Aug. 28, 2012			

Contact Information

Textbook Rental Agreement

College of Professional Studies

Textbook Policy

Indiana Tech issues textbook(s) to students on a rental basis. All textbook(s) must be returned to Indiana Tech in good condition or the student will be billed for the damaged textbook(s).

Textbook(s) will be shipped as early as 2 weeks before the start of a session. If a student fails to change his/her address with Indiana Tech before his/her book is shipped, he/she will be responsible for the book.

All textbook(s) must be returned no later than one session after the class ends. No books will be accepted for return after that time, and the student will be billed for the book(s). Students have six months from the date a book charge is placed on an account to dispute the charge. No charges will be removed after that time. Students are not required to return books for ONLINE courses.

All textbook(s) are eligible for purchase by Indiana Tech students if they wish to keep them for future reference.

Verification

I certify that I have read and understand the textbook policy above.

Last Name: _____ First Name: _____

Student ID #: _____

Signature: _____ Date: _____

INDIANA**TECH**

Letter of Intent Information

Indiana Tech is committed to assisting you in obtaining your degree. We understand that as an adult you may have many obligations outside of school that could impact your enrollment. This could be a result of a medical emergency, illness in the family, hours being increased at work, or a variety of other reasons outside of your control.

The Letter of Intent form is used to show your intended enrollment in each semester. To satisfy federal regulations, all students must complete the Letter of Intent form each academic year.

Please refer to the following points below to ensure accurate and timely processing of aid:

- In order to ensure accurate processing of your financial aid, you should schedule and register all future classes within the semester. Students should contact the Warrior Information Network (888.832.4742) prior to dropping or withdrawing from a scheduled class.
- A signed **Letter of Intent** form must be completed and returned to the Financial Aid Office.
- Aid will be calculated based on the number of sessions you attend and the credit hours enrolled.
- Changes may only take place up to the third week of each session;
- **This form is for financial aid purposes only.** You must contact the Warrior Information Network to make all schedule adjustments;
- The **Letter of Intent** form must be completed prior to packaging of aid for each academic year. Failure to do so may require Indiana Tech to return Title IV (Federal) funds on your behalf. This could result in a balance with Indiana Tech or the Department of Education if previously disbursed funds have to be returned.

Standard Semester – Fall

Undergraduate Sessions 1, 2, 3, 4
Graduate Sessions 1, 2, 3, 4

Standard Semester – Spring

Undergraduate Sessions 5, 6, 7, 8
Graduate Sessions 5, 6, 7

Standard Semester - Summer

Undergraduate Session 9
Graduate Sessions 8

Refund/Credit Account Management

Students have two options regarding excess funds. Excess funds may remain on their account to apply to future charges; OR students can request excess funds be paid to them in the form of a refund. Excess funds to be held will only be the equivalent of the charges that are projected for the future enrollments in that semester. Any credit balance above and beyond those charges will be refunded for living expenses.

Students who request excess funds held on account will have those funds held until the end of the current semester in which they are enrolled. Upon completion of the current semester, any remaining funds will be returned directly to the student.

Students who do **NOT** wish to have excess funds held on their account will be issued a refund of the entire credit balance per Department of Education regulations.

Students must be aware if they choose to receive a refund prior to completion of the current semester, a balance will be incurred for future enrollments and charges within that semester. Students **WILL BE** responsible for any remaining balance. To determine how much needs to be held on account to cover future charges, please contact the Business Office at 260.422.5561, ext. 2354 or 800.937.2448, ext. 2354.

Please complete the reverse side of this form and return to the Financial Aid Office at Indiana Tech. Failure to do so WILL result in the delay of financial aid packaging and/or disbursement!

Both sections of this form must be completed and signed by student!

Letter of Intent

Please note the number of credits you plan to take in each session and place a zero "0" in any session you plan to skip.

CPS Undergraduate Students:

*Fall Semester: (1) ___ (2) ___ (3) ___ (4) ___ *Spring Semester: (5) ___ (6) ___ (7) ___ (8) ___
*Summer Semester: (9) ___
(*Note the number of credits you plan on taking each session. Most classes are 3 credits.)

CPS Graduate Students:

*Fall Semester: (1) ___ (2) ___ (3) ___ (4) ___ *Spring Semester: (5) ___ (6) ___ (7) ___
*Summer Semester: (8) ___
(*Note the number of credits you plan on taking each session. Most classes are 3 credits.)

By my signature below I understand that my financial aid will be packaged based on this indicated enrollment. Changes **MUST** be submitted to the Financial Aid Office.

Printed Name _____ ID # _____
Student Signature _____ Date _____

Refund/Credit Account Management

Please indicate your choice for Indiana Tech to hold excess funds on your account or issue refund created by Title IV (Federal) funds. You may indicate this by checking the appropriate line below.

- Hold Excess:** Please hold excess credit balance created by disbursement of Title IV (Federal Pell, Subsidized Loan, Unsubsidized Loan, SEOG) funds on my account. I agree to work directly with the Business Office to determine amount required to cover future enrollment. I have read and understand the implications involved with this action.
- Refund Excess:** Please refund any credit balance created by disbursement of Title IV (Federal) funds on my account. I understand that I will be responsible for future charges not covered by other sources.

Printed Name _____ ID # _____
Student Signature _____ Date _____

Office use only

Date Received _____ FA Initials _____

Comments: _____

Transcript Request Form



Note to the student:

This form is provided as a service to our students to aid them in obtaining transcripts from other institutions (e.g., high schools, colleges, universities, etc.). Complete this form and mail it with any necessary fee to the institution from which you are requesting a transcript. **Do not send this form to Indiana Tech.** Most institutions have a nominal fee for this service, and you should call the institution prior to sending them this request. Please photocopy this form as necessary.

Personal Information (to be completed by the student)

Name: _____
Last First Middle Maiden

Home address: _____
Street

_____ City State Zip

Home phone: _____ Business phone: _____

Date of birth: _____ Place of birth: _____

Social Security #: _____ Date of graduation or last attendance: _____

To the Registrar:

Please forward a copy of my academic transcript to the following institution:

**Indiana Tech
Registrar's Office
1600 E. Washington Blvd.
Fort Wayne, IN 46803**

Enclosed with this form, you will find the necessary transcript fee. Thank you.

Student signature (required)

Date

INDIANA**TECH**

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College of Professional Studies