



Supply Chain Management

COLLEGE OF BUSINESS

Supply Chain Management Program Application

Name: _____ Expected Graduation Date: _____

Campus Address: _____ Current College: _____

_____ Current Major: _____

Campus Phone: _____ Current GPA: _____

Permanent Address: _____ Date of Application: _____

_____ School ID #: _____

Permanent Phone: _____ Email: _____

Work Experiences:

Current Employer: _____ Type of Work: _____ Hours Worked: _____

Previous Employer: _____ Type of Work: _____ Hours Worked: _____

Previous Employer: _____ Type of Work: _____ Hours Worked: _____

1. Why are you applying into the SCM Program?

2. Please list any activities you are involved in. (Please attach a resume to this application)

3. Why have you been successful in your courses or other activities in which you have been involved?

4. The SCM Program has a demanding curriculum and busy activity schedule (meetings, field trips, speakers, etc). Why do you feel you can successfully handle such an intense program?

5. I understand that I am required and it is my responsibility to obtain an internship in supply chain management to fulfill the requirements of the SCM program. (The SCM program will support and assist all students in obtaining an internship).

Yes_____

No_____

6. I understand that in order to remain in the SCM program I must maintain a GPA of at least 3.0/4.0 or better.

Yes_____

No_____

Signature_____ Date _____