

COLLEGE OF BUSINESS – Ph.D. PROGRAM

**Supplementary Information Sheet
FORM A**

Date Submitted _____

Name

Student ID Number

To assist us in assembling your file and routing it to the correct department, we need to have the following information:

I. Three Doctoral Applicant Evaluation Forms (FORM B): Please provide the following information for each of the three persons submitting evaluations:

Name	Title	Address
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1. _____

2. _____

3. _____

II. Indicate your proposed major area (check one):

<input type="checkbox"/> Accounting	Management	Business Information Assurance
Finance	Marketing	
<input type="checkbox"/> Information Systems	Management Science	Logistics

III. A statement of purpose setting forth your reasons for pursuing doctoral study, personal objectives and career plans.

IV. A current vita.

V. How or where did you hear about our Ph.D. program?

Please mail this information to this address as soon as possible.

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