



GRADUATE ADMISSION APPLICATION FOR
MASTER'S DEGREES IN EDUCATION

PLEASE PRINT OR TYPE

NAME: _____
Last (Maiden Name) First M.I. Social Security Number

STREET: _____ DATE OF BIRTH: _____

CITY: _____ STATE: _____ ZIP: _____ HOME COUNTY: _____

HOME TELEPHONE: () _____ WORK TELEPHONE: () _____

ALTERNATE/MOBILE TELEPHONE: () _____ EMAIL: _____

CITIZENSHIP: U.S. Citizen Immigrant-Permanent Resident (see below)
 Non-Resident Alien Country of citizenship? _____
Visa Status? _____

| | | | |
|--|---|---|--|
| a. Seeking Admission <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time | | b. Starting Term <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer Year _____ | |
| c. Program | | | |
| <input type="checkbox"/> Curriculum & Instruction | <input type="checkbox"/> Curriculum & Instruction with an Early Childhood Leadership Specialization | | |
| <input type="checkbox"/> Instructional Design & Technology | <input type="checkbox"/> School Administration & Supervision | | |
| <input type="checkbox"/> Counseling Education | <input type="checkbox"/> Special Education (select one) __Elementary __Secondary | | |

EMPLOYMENT: Current Employer: _____

Does your employer offer tuition reimbursement? Yes No Don't Know

Employer Address: _____

EDUCATIONAL HISTORY (Please include **all** schools attended):

SECONDARY SCHOOL:

| Name | Location | Dates Attended/Graduation |
|------|----------|---------------------------|
| | | |

COLLEGE OR UNIVERSITY:

| Colleges/University | Location | Major/Program of Study/Degree Earned/Dates Attended |
|---------------------|----------|---|
| | | |

PREVIOUS GRADUATE STUDY:

| Colleges/University | Location | Major/Program of Study/Degree Earned/Dates Attended |
|---------------------|----------|---|
| | | |

Do you propose to transfer any graduate coursework toward your program at Saint Vincent College? Yes No

If yes, what course? _____

TEACHER CERTIFICATION:

Do you currently hold a teaching certificate? Yes No

State: _____ Type of Certificate _____ Areas _____

If no, do you wish to earn teacher certification? Yes No Area _____

Those who are not native speakers of English must submit recent TOEFL scores.

REFERENCES: Provide the names of three persons who will be providing recommendations.

1) _____ 2) _____

3) _____

PERSONAL STATEMENT:

On a separate sheet of paper describe briefly your reasons for wishing to enter the graduate program in education at Saint Vincent College.

RACE/ETHNICITY: The information requested below is sought to comply with the U.S. Department of Education reporting procedures. It is *strictly voluntary* and will not affect consideration of your application.

a. Are you Hispanic/Latino? Yes No

b. Please indicate predominant category/categories (you may check more than one).

American Indian/Alaskan Native

Native Hawaiian or Other Pacific Islander

Asian

White

Black or African American

VETERAN STATUS:

Are you a military veteran? Yes No

APPLICATION CHECKLIST: Enclose or request each of the following items. Items should be sent to the Graduate Coordinator at the Address below.

Application Form Transcripts from *all* Colleges Attended

Personal Statement (3) Letters of Recommendation (to be sent directly to Saint Vincent College)

How did you learn about our program? _____

I certify that the information given on this application is complete and accurate.

Signature

Date

Send to: Office of Graduate & Continuing Education
Saint Vincent College
300 Fraser Purchase Road
Latrobe, PA 15650-2690