

UNIVERSITY OF MARY WASHINGTON

ADMISSIONS CHECKLIST FOR GRADUATE EDUCATION PROGRAMS

Complete all forms listed below and submit with your \$45 application fee.
(Online applications are available at www.umw.edu/admissions/apply)

1.

- Application (Don't forget to sign!)
- Virginia In-State Tuition form
- Essay Questions (See instructions on application)
- Resume outlining your work experience

2.

Transcript Request

Request transcripts from each and every college or university you attended, even if the courses were transferred somewhere else. Duplicate the enclosed form if necessary. There may be a fee, so be sure to call, email, or check the website for each institution prior to sending the Transcript Request Form.

3.

Two letters of recommendation

(For Education Leadership applicants only. Distribute to at least one supervisor, if possible.)

4.

Mail or deliver to:

University of Mary Washington
College of Graduate and Professional Studies
121 University Boulevard
Fredericksburg, Virginia 22406-7239

**Please call or email the Office of Admissions with your questions.
Monday through Thursday, 8:30 a.m. - 6:30 p.m., and Friday, 8:30 a.m. - 5 p.m.**

COLLEGE OF GRADUATE AND PROFESSIONAL STUDIES

GRADUATE EDUCATION PROGRAMS APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT the information in the space below and return this form with your non-refundable \$45 application fee to:

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406-7239 • 540-286-8088

Fax: 540-286-8085 • Email: graduate@umw.edu

For the term beginning Fall Spring Summer Year _____

Education program you are applying for:

- Initial Teacher Licensure Only
 Initial Teacher Licensure with M.Ed Option
 Master of Education for Licensed Teachers
 Educational Leadership (M.Ed. or Graduate Certificate)
 Graduate Education Certificate (Gifted Education, Instructional Technology Leadership, Literacy Specialist, Teaching ESL, Autism)
 Other _____

PERSONAL DATA

Legal Name

Enter name exactly as it appears on passports or other official documents. Last/Family _____ First _____ Middle (complete) _____ Jr., etc. _____

Prefer to be called (nickname) _____ Former last name(s) if any _____

Mailing Address

Number and Street _____

City or Town _____ State _____ Country _____ Zip Code or Postal Code _____

Email Address _____ Home Phone (____) _____

Area Code

Number

Occupation _____ Work Phone (____) _____

Area Code

Number

Employer _____

Name of Employer

Citizenship: U.S. citizen Dual U.S. citizen; please specify other country of citizenship _____

U.S. Permanent Resident visa; citizen of _____

Other citizenship - Country: _____ Visa type: _____

All non-citizens are required to include documentation of their status with their application.

Are you eligible to apply for Virginia in-state tuition (based on Virginia domicile?) Yes No

If yes, please state your Virginia city or county of residence. _____

If yes, include the completed Application for Virginia In-State Tuition Rates with your application for admission.

The following items are optional. No information you provide will be used in a discriminatory manner.

Sex: Female Male Birth Date _____

Social Security Number _____

If you wish to be identified with a particular race or ethnic group, please select a race or ethnicity that best describes you:

- African American, Black Asian or Pacific Islander White, Non-Hispanic
 Native American, Alaska Native Hispanic or Latino Multi-racial

How did you first learn of University of Mary Washington?

- Newspaper Friend or Colleague
 Information Session Other _____
 Radio



GRADUATE EDUCATION PROGRAMS APPLICATION FOR ADMISSION

EDUCATION

Please mark your highest level of academic achievement:

- Bachelor's Degree Master's Degree Post Masters, or Certificate Graduate, level unknown Doctorate

Please list the dates you have taken or plan to take PRAXIS I (Track I/Teacher Licensure candidates Only): _____

Provide a copy of your official PRAXIS scores, or qualifying SAT or ACT scores.

Response Required

List all colleges and universities attended (full or part-time) beginning with the current or most recent—including UMW.

Transcripts from all schools listed are required for admission.

College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled
College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled
College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled

ENROLLMENT

Do you have a Virginia collegiate professional or graduate professional teaching license? Yes No

What endorsement? _____ Date license expires: _____

Provide evidence of teaching license on college/university transcript, letter from school system, or copy of license certificate.

I plan to be a: Part-time student Full-time student

Do you intend to use tuition assistance/reimbursement from your employer? Yes No

PROGRAM

A) TRACK I: INITIAL TEACHER LICENSURE WITH M.Ed. INITIAL TEACHER LICENSURE ONLY

Please check below the endorsement you plan to pursue.

<input type="checkbox"/> Elementary <input type="checkbox"/> Middle <i>Choose 2 from list:</i> <input type="checkbox"/> English <input type="checkbox"/> History/Social Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Science	<input type="checkbox"/> Secondary <i>Select 1 from list:</i> <input type="checkbox"/> Biology <input type="checkbox"/> Business <input type="checkbox"/> Chemistry <input type="checkbox"/> Computer Science <input type="checkbox"/> Earth Science <input type="checkbox"/> English <input type="checkbox"/> History/Social Science <input type="checkbox"/> Marketing <input type="checkbox"/> Mathematics <input type="checkbox"/> Physics	<input type="checkbox"/> Pre K-12 <i>Select 1 from the list:</i> <input type="checkbox"/> Art <input type="checkbox"/> ESL <input type="checkbox"/> Foreign Language <hr/> <i>specify language</i> <input type="checkbox"/> Music (Vocal/Choral or Instrumental) <input type="checkbox"/> K-12 Special Education (ED, LD, MR)
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B) TRACK II: M.Ed. FOR LICENSED TEACHERS

<input type="checkbox"/> Diverse Student Populations	<input type="checkbox"/> ESL	<input type="checkbox"/> Special Education	<input type="checkbox"/> Instructional Technology Leadership
<input type="checkbox"/> Literacy Specialist	<input type="checkbox"/> Secondary Mathematics Education		

C) EDUCATIONAL LEADERSHIP

<input type="checkbox"/> Master of Education	<input type="checkbox"/> Graduate Certificate
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D) CERTIFICATES FOR LICENSED TEACHERS

<input type="checkbox"/> Teaching English as a Second Language (TESL)	<input type="checkbox"/> Gifted Education	<input type="checkbox"/> Instructional Technology Leadership
<input type="checkbox"/> Literacy Specialist	<input type="checkbox"/> Teaching Students with Autism	<input type="checkbox"/> BCABA Option
		<input type="checkbox"/> BCABA Sequence (for UMW Seniors only)

Have you ever applied to or attended UMW? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, please attach a short explanation.

ESSAY QUESTIONS *Response should be 2–3 typed double-spaced pages for each essay.*

TRACK I: INITIAL TEACHER LICENSURE WITH M.Ed. OPTION

- Why are you seeking teaching credentials? Why do you feel qualified to teach the subject/grade level of the endorsement you seek?
- Discuss a current issue in education, why you think it is important and your stance on it.

TRACK II: M.Ed. FOR LICENSED TEACHERS AND CERTIFICATE APPLICANTS

- What do you hope to gain from the program? What contributions do you feel you can make to the program as a participant?
- Discuss a current issue in education, why you think it is important and your stance on it.

EDUCATIONAL LEADERSHIP

- Discuss a current issue in educational leadership that you might face as an educational leader.
- Write a statement of purpose in which you discuss your current and future leadership goals. What contributions do you feel you can make to the program as a participant?

Include a resume outlining your education and your paid and volunteer work experiences (no more than 3 typed pages).

THE HONOR SYSTEM: A WAY OF LIFE AT UMW

The Honor System is fundamentally a code of personal integrity. It means that students of the University of Mary Washington accept the challenge to make their word of honor a pledge of absolute truthfulness in all matters that fall within the Honor Code. It is a commitment to a way of life characterized by loyalty to the highest ideals of individual and collective ethical responsibility. — Dr. Edward Alvey, Dean Emeritus

STATEMENT OF NON-DISCRIMINATION

The University of Mary Washington subscribes to the principles of equal opportunity and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliation, marital status, sexual orientation, sex, or age in recruiting, admitting, and enrolling students or in hiring faculty and staff members. The University will not recognize or condone student, faculty, or staff organizations that discriminate in selecting members. Complaints of discrimination or questions should be directed to the AA/EEO Officer of the University.

COMMUNITY VALUES

Several elements contribute significantly to the fulfillment of the University's mission. One is the encouragement of, and respect for, individual and cultural diversity. The University also insists upon an atmosphere of civility and

tolerance consistent with the ideals of a community of scholars. Toward that end, the University embraces a statement of community values and expectations concerning the behavior of its members. This statement declares that:

The University of Mary Washington is an academic community dedicated to the highest standards of scholarship, personal integrity, responsible conduct, and respect for the individual. We hold among our foremost common values:

- *The importance of personal integrity as reflected in adherence to the Honor Code,*
- *The right of every individual to be treated with dignity and respect at all times,*
- *The acceptance of and respect for diversity in our community and adherence to the University's Statement of Non-Discrimination, and*
- *The freedom of intellectual inquiry in the pursuit of truth.*

As members of the University community, we refuse to tolerate behavior that in any way compromises or threatens these values.

PLEASE READ THE HONOR CONSTITUTION:

students.umw.edu/~honor/documents/Guidebook05-06.pdf

UMW HONOR PLEDGE AND TERMS OF APPLICATION

I, as a student at the University of Mary Washington's College of Graduate and Professional Studies, do hereby accept the Honor System. I have read the information about the Honor System, understand it, and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying the facts. I acknowledge that, in support of the Honor System, it is my responsibility to report any violations of the Honor Code of which I am aware, and that it is my duty to participate as an honor trial juror if called upon to serve, unless officially excused. I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable, and that such a violation could result in my permanent dismissal from the University. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

I have read and understand the expectations outlined in the "Statement of Community Values and Behavioral Expectations" and the "Statement of Non-Discrimination."

I understand that this application is subject to all terms and conditions, financial and otherwise, set forth in the current catalog and to all officially announced changes. I agree to accept all terms and conditions, financial and otherwise, which are in effect during the entire period of enrollment.

I also understand that I cannot be licensed to teach in the Commonwealth of Virginia if I have ever been convicted of a felony.

I certify that the information given in this application is correct to the best of my knowledge and belief. My signature below indicates that I accept the obligations and conditions of the Honor System at the UMW College of Graduate and Professional Studies.

I acknowledge responsibility for all tuition and fees resulting from my acceptance of an offer of admission to the University of Mary Washington.

Applicant's Signature _____ **Date** _____

IMPORTANT: *Please re-read this application and make sure that all blanks have been filled in. Incomplete forms will be returned and the processing of your application may be delayed.*

University of Mary Washington • Office of Admissions • 1301 College Avenue • Fredericksburg, Virginia 22401-5300

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested.

PART I

Legal Name _____
Enter name exactly as it appears on passports or other official documents. Last/Family First Middle (complete) Jr., etc.

Social Security Number (Requested)

Birth Date _____ / _____ / _____ Marital Status single married divorced widowed
Month Day Year

Citizenship U.S. citizen Non-U.S. citizen; please give immigration status and visa type _____

Name of Parent/Legal Guardian or Spouse _____

Permanent Address of Parent/Legal Guardian or Spouse _____
Number and Street

City or Town _____ State _____ Country _____ Zip Code or Postal Code _____

PART II

Section A: Student Information

1) Where have you lived in the last two years? (List current address first. Include dates.)

From _____ / _____ to _____ / _____
Month Year Month Year Number and Street City or Town State Zip Code or Postal Code

From _____ / _____ to _____ / _____
Month Year Month Year Number and Street City or Town State Zip Code or Postal Code

From _____ / _____ to _____ / _____
Month Year Month Year Number and Street City or Town State Zip Code or Postal Code

2) Do your parents/legal guardian provide 50 percent or more of your financial support or claim you as a tax dependent? Yes No

3) A. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? N/A Yes No

B. If "Yes," does your spouse provide over 50 percent of your financial support? Yes No

- 4) Do any of the following characteristics apply to you? Place a check mark beside all that apply.
- Age 24 or older as of the first day of the term in which you intend to enroll
 - Veteran or active duty member of the U.S. Armed Forces
 - Graduate or first-professional student
 - Ward of the court or was a ward of the court until age 18
 - If both parents are deceased, no adoptive or legal guardian
 - Legal dependents other than a spouse

Directions for Completing the Remainder of This Application

If your response to #2 is "Yes," stop now and go to Section B. Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

If your response to #3B is "Yes," stop now and go to Section B. Complete both the unshaded and shaded areas of the remainder of this application; provide your spouse's information in the shaded areas.

If your response to #3B is "No," stop now and go to Section B. Complete the unshaded areas of the remainder of this application.

If you are unmarried and did not check any of the items in #4, stop now and go to Section B. Complete both the unshaded and shaded areas of the remainder of this application; provide your parent/legal guardian's information in the shaded areas.

If you are unmarried and checked any of the items in #4 and answered "No" to #2, complete only the unshaded areas of the rest of this application.

Section B: Domicile Information

For the parent/legal guardian or spouse portion of this application, answer the questions about the parent upon whom you are dependent. **This parent/legal guardian must sign and date this application.** If you are claiming eligibility for in-state rates based on your spouse's domicile, you must answer the parent/legal guardian or spouse portion of this application about your spouse. **Your spouse must sign and date this application.**

5) Are you completing the shaded areas for your (check only one): Father Mother Legal Guardian Spouse

Section B: Domicile Information (cont.)

For questions 6-10, you must answer the "B" question if your response to the "A" question is "No."

	Student		Parent, Legal Guardian or spouse	
	Yes	No	Yes	No
6) A. Have you been employed in Virginia for the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," were you employed in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Employed				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Employed				
7) A. Was a tax return filed or income tax paid to Virginia as a full-or a part-year resident on all earned income last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," were taxes paid to:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Didn't File				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Didn't File				
8) A. Are you a registered voter in Virginia?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," are you registered to vote in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
9) A. Do you hold a valid Virginia driver's license?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No" do you hold a license in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Licensed				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Licensed				
10) A. Did you operate a motor vehicle registered in Virginia during the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If "No," is it registered in:				
Student: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
Parent: <input type="checkbox"/> Another State <input type="checkbox"/> Not Registered				
11) A. Are you a member of the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>		
If "No," go to question #12.				
B. Have income taxes been paid to Virginia on all military income for the last year?	<input type="checkbox"/>	<input type="checkbox"/>		
If "No," have income taxes been paid to another state?	<input type="checkbox"/>	<input type="checkbox"/>		
C. Does the current Leave/Earnings Statement reflect Virginia withholding?	<input type="checkbox"/>	<input type="checkbox"/>		
If "Yes," effective date of change to Virginia:				
_____ / _____ / _____				
Month Day Year				
D. Are you active military stationed in Virginia? If yes, please send a copy of your orders.	<input type="checkbox"/>	<input type="checkbox"/>		

	Yes	No
12) A. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?	<input type="checkbox"/>	<input type="checkbox"/>
If "No," go to question #13.		
B. Have income taxes been paid to Virginia on all military income for the last year?	<input type="checkbox"/>	<input type="checkbox"/>
If "No," have income taxes been paid to another state?	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the current Leave/Earnings Statement reflect Virginia withholding?	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," effective date of change to Virginia:		
_____ / _____ / _____		
Month Day Year		
D. Are you active military stationed in Virginia? If yes, please send a copy of your orders.	<input type="checkbox"/>	<input type="checkbox"/>

Section C: Additional Information

13) If your spouse is in the military, will you have: Question 13 is not applicable

A. Resided in Virginia for the past year? Yes No

B. Been employed and earned at least \$12,168 during the past year? Yes No

C. Paid income taxes to Virginia on all earned income? Yes No

14) If you have lived outside Virginia for the past year, will you have: Question 14 is not applicable

A. Been employed in Virginia and earned at the last \$12,168 during the past year? Yes No

B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year? Yes No

15) If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have: Question 15 is not applicable

A. Resided in Virginia for the past year? Yes No

B. Been employed and earned at the last \$12,168 during the past year? Yes No

C. Paid income taxes to Virginia on all earned income? Yes No

D. Claimed you as a dependent for federal and Virginia income tax purposes? Yes No

16) If your parent/legal guardian has lived outside Virginia for the past year, will the parent/legal guardian have: Question 16 is not applicable

A. Been employed in Virginia and earned at least \$12,168 during the past year? Yes No

B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year? Yes No

C. Claimed you as a dependent for federal and Virginia income tax purposes? Yes No

Section D: Parent/Legal Guardian or Spouse Information

1) Where have you lived in the last two years? (List current address first. Include dates.)

From _____ / _____ to _____ / _____	Number and Street	City or Town	State	Zip Code or Postal Code
Month Year Month Year				
From _____ / _____ to _____ / _____	Number and Street	City or Town	State	Zip Code or Postal Code
Month Year Month Year				
From _____ / _____ to _____ / _____	Number and Street	City or Town	State	Zip Code or Postal Code
Month Year Month Year				

Section E: Certification and Signature(s)

I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally-binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the university with supporting documentation related to my application, if I am requested to do so.

Signature of Applicant

Date

Signature of Parent/Legal Guardian or Spouse
(if required to furnish parental or spousal information)

Date

TRANSCRIPT REQUEST

To the student: Fill out this form completely and mail to all colleges and universities you have attended. There may be a fee, so be sure to call or email each institution prior to sending this Transcript Request form. Duplicate as needed.

To the Institution: Please send a copy of an official transcript to:

University of Mary Washington
College of Graduate and Professional Studies
Office of Admissions
121 University Boulevard
Fredericksburg, Virginia 22406-7239

Also, please send an unofficial transcript for my personal use to the mailing address below.

I have included a transcript request fee of \$ _____

Social Security Number _____ Today's Date _____

Name _____
First Middle Last

Previous name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Dates I attended _____ Year of graduation (if applicable) _____

Signature

Date