COLLEGE OF EDUCATION GRADUATE PROGRAMS

APPLICATION FOR ADMISSION

Readin

<complex-block>

TALES

Cesar Chavez

ADMISSIONS CHECKLIST FOR GRADUATE EDUCATION PROGRAMS

Thank you for your interest in the University of Mary Washington.

You may complete the enclosed application or submit an online application, but be sure all requirements listed in sections 1, 2, and 3 below have been completed. The online applications and forms are available at admissions.umw.edu/graduate.

- 1. Complete all forms listed below and submit with your application fee:
 - Application (Don't forget to sign!)
 - □ Honor System Agreement
 - □ Virginia In-State Tuition Form
- 2. Submit the following:
 - Essay questions (See instructions on application.)
 - □ Résumé of your work experience
 - Passing Praxis Core scores or applicable SAT, ACT, and/or VCLA scores (initial licensure applicants only)
 - Passing Praxis II scores (<u>Recommended</u>, initial licensure applicants only)
 - Copy of Virginia teacher's license (professional development or added endorsement applicants only)
 - □ Three letters of recommendation (For education leadership applicants only. Distribute to at least one supervisor.)
- 3. Send a transcript request to all the colleges you've attended:
 - **Request official transcripts from each and every college or university you attended**, even if the courses were transferred elsewhere. 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.
- Mail or deliver to: University of Mary Washington Office of Admissions 121 University Blvd. Fredericksburg, VA 22406-7239

Note: A faculty-initiated interview may be required. The Faculty Admission Committee will review your application with the following criteria in mind: knowledge of content in endorsement area, commitment to teaching, understanding of the responsibilities inherent in teaching, skills in communication, and potential for success in graduate school.

Please call the Office of Admissions at 540/286-8030 or email graduate@umw.edu with your questions. Monday through Thursday, 8:30 a.m. - 6:30 p.m.; Friday, 8:30 a.m. - 5 p.m.

GRADUATE EDUCATION PROGRAMS APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT in the information below and return this form with your \$50 non-refundable application fee to:

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406-7239 540/286-8030 • Fax: 540/286-8085 • Email: graduate@umw.edu

For the term beginning Fall Spring Summer Year_____

Education program you are applying for:

- □ Master of Education with Initial Teacher Licensure
- □ Master of Education Advanced Programs for Licensed Teachers
- Postgraduate Programs for Professional Development or Added Endorsement (Educational Leadership, Gifted Education, Literacy Specialist, Special Education, Teaching English as a Second Language)
- Certificates (Autism, Teaching English as a Second or Foreign Language)
- □ Other

PERSONAL DATA

Legal Name				
Enter name exactly as it appears on passports or other official documents. Last/Family	First	Middle (complet	e) Jr., etc.	
Prefer to be called (nickname)	_ Former last nam	e(s) if any		
Email Address	_ Home Phone			
Cell Phone	_ Work Phone	(Area Code)	Number	
(Area Code) Number		(Area Code)	Number	
Mailing Address				
City or Town	State	Country	ZIP Code or Posta	al Code
Best way and time to contact me:				
Occupation				
Do you plan to use tuition reimbursement from your employer? \Box	Yes 📙 No			
Are you applying for a graduate assistant position? \Box Yes \Box No	_	_		
Are you applying for conditional admission through the ELS Langua	•			
Citizenship: U.S. citizen Dual U.S. citizen; please specify oth		*		
 U.S. Permanent Resident visa; citizen of Other citizenship - Country: 				
- ·				
All non-citizens are required to include documenta			1.	
Do you wish to apply for Virginia in-state tuition (based on Virginia				
If yes, please state your Virginia city or county of residence	ition Rates with you	ir application for adm	nission	
The following items are optional. Answers to these questions will not				
Sex: Female Male Birth date		milatory manner.		
	dolore the maniaturatio			
Social Security number (Excluding your Social Security number may		-		
If you wish to be identified with a particular race or ethnic group, ple				
□ African American, Black □ Asian or Pacific Island	ler 🗆 Whit 🗆 Mult	e, Non-Hispanic		
□ Native American, Alaska Native □ Hispanic or Latino				
Are you Hispanic/Latino? Tyes, Hispanic or Latino (including Sp				
Regardless of your answer to the prior question, please select one or		-		
American Indian or Alaska Native (including all Original Peoples of				
Are you enrolled? Yes No		l enrollment number		
 Asian (including Indian subcontinent and Philippines) Black or African American (including Africa and Caribbean) 				
□ Native Hawaiian or Other Pacific Islander (Original Peoples)				
□ White (including Middle Eastern)		our background		
How did you learn of University of Mary Washington?				
□ Newspaper □ Information Session □ Friend or	Colleague	Radio 🛛	Other	
1 1	0	·		

GRADUATE EDUCATION PROGRAMS APPLICATION FOR ADMISSION

EDUCATION

Please mark your highest level of education:

□ Bachelor's Degree	Master's Degree	Post Master's or Certificate	🛛 Graduate, level unknown	Doctorate
List the dates you took o	or plan to take Praxis Cor	e (teacher licensure candidates only)	:	
	· · · · ·			e Required

Please provide a copy of your official Praxis Core scores or qualifying SAT, ACT, or VCLA scores.

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

Please indicate your status in the U.S. Armed Forces: \Box No relationship \Box Currently serving \Box Previously served \Box Current dependent For veterans and members of our Armed Services, please show your DD-214 to the Office of Graduate Admissions to receive priority registration.

ENROLLMENT

Do you have a Virginia collegiate professional or graduate professional teaching lice	nse? 🛛 Yes 🖾 No
What endorsement?	Date license expires:
Provide evidence of teaching license on college/university transcript, letter from sch	ool system, or copy of license certificate.

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

PROGRAM

A) M.Ed. INITIAL TEACHER LICENSURE

Please check below the endorsement you plan to pursue.

Elementary	Secondary Pre K-12
 Middle Choose one from list: English History and Social Sciences Mathematics Science 	Choose one from list: Biology History and Social Chemistry Sciences Computer Science Marketing Earth Science Mathematics English Physics K-12 Special Education General Curriculum Adapted Curriculum
B) M.Ed. FOR LICENSED TEAC	IERS
 Diverse Student Population Educational Leadership Literacy Specialist 	 Special Education General Curriculum Adapted Curriculum
C) POSTGRADUATE PROGRAM	S
 Educational Leadership Gifted Education Literacy Specialist 	 Special Education General Curriculum Adapted Curriculum
D) CERTIFICATES	
Autism	Teaching English as a Second or Foreign Language
Have you ever been convicted of a f	rime other than a traffic violation? \Box Yes \Box No

If yes, please attach an explanation.



ESSAY QUESTIONS Response should be two to three typed, double-spaced pages for each essay.

INITIAL TEACHER LICENSURE WITH M.Ed. OPTION

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

M.ED. FOR LICENSED TEACHERS, CERTIFICATE, AND POSTGRADUATE APPLICANTS

- a) What do you hope to gain from the M.Ed. program? What contributions do you feel you can make to the program as a participant?
- b) Select a current instructional issue and discuss why you believe it is important. Support your stance.

EDUCATIONAL LEADERSHIP

- a) Discuss a current issue in education that you might face as an educational leader.
- b) Write a statement of purpose in which you discuss your current and future leadership goals. Include in your response background experiences (personal and professional) that helped prepare you for a career in this field.

Include a résumé (no more than three typed pages) of your education and your paid and volunteer work experiences.

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

UMW HONOR PLEDGE AND TERMS OF APPLICATION

I, as a student at the University of Mary Washington, 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.

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-system

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.

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 reread 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.



Application for Virginia In-State Tuition Rates

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406

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. *All questions must be answered*.

Section A - Student Information					
1) Name of applicant					
2) Social Security number (Optional)			First Middle 3) Date of birth		
4) Citizenship 🗆 U.S. 🗆 U.S. permanent resident 🗆 Non-				e copy of I-	94)
5) How long have you lived in Virginia? year(s) n				17 5	
6) Where have you lived, in the sense of physical presence, during	the l	last two	o years? (List current address first.)		
Street address City	,		State ZIP code From	То	
7) Employment information for at least one year prior to the date Street address City	for w	which in	n-state tuition rates are sought (<i>If not employed, or if retired, j</i> State ZIP code From	please indic To	cate.):
	Yes	No		Yes	s No
8) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent?			15) Did you own or operate a motor vehicle registered in Virginia during the last year?<i>If no</i>, indicate registration status:		
9) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?			Registered in another state Did NOT own or operate a motor vehicle		
b.) <i>If yes</i> , does your spouse provide more than 50% of your financial support?			16) Are you or is your spouse an active duty member of th armed forces?	e U.S.	
 10) Do any of the following characteristics apply to you? Place a check beside all that apply. Age 24 or older as of the first day of the term in which you inten Veteran or active duty member of the U.S. Armed Forces 	d to e	enroll	If no, continue to Question 17. If yes, who is a member? Self Spouse and answer the following:	_	
 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 			a.) Are Virginia income taxes paid on all military incom <i>If yes</i> , as of what date? Where were you stationed on that date? <i>Please submit a copy of the most recent leave and earnin</i>		
 11) In the last tax year did you file a state return to any state other than Virginia? <i>If yes, please explain:</i>			b.) If you are in the military, or if your spouse is, are yo permanent duty station in Virginia? <i>If yes</i> , as of what date?		
12) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i>			Where are you stationed? Please submit a copy of the military orders permanently you or your spouse to this station AND a copy of the mil showing your relationship to the military member.	assigning	rd
13) Are you a registered voter in Virginia? Date registered Original Re-registered			17) Answer this question only if you live <i>outside</i> Virginia but Will you have lived outside Virginia, been employed in	Virginia,	-
14) Do you hold a valid Virginia driver's license? Date issued Original Renewal If no, indicate your driver's license status: Hold in another state Not licensed	_		earned at least \$15,080, and paid Virginia income taxes income earned in this commonwealth, for at least one prior to the term in which you will enroll? If yes, please submit verification of employment, including a copy of the most recent Virginia tax return, and a year-to	year	□ alary,

I certify under penalty of disciplinary action that the information I have provided is true.

	Section B - Paren	t, legal gua	rdian, or spous	e				
	This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the 12 months immediately preceding the first day of classes, has provided more than half of the applicant's financial support.							
1)	Name of □ parent □	□ legal guardia	n □ spouse					
2)	How long have you live	d in Virginia? _	year(s)	m	onth(s)			
3)	Where have you lived, i	n the sense of p	hysical presence, duri	ng the	last two	o years? (List current address first.)		
Str	eet address	City	State	ZIP co	de	From To		
	Employment information	on for at least o City	ne year prior to the da _{State}	te for v ZIP co		n-state tuition rates are sought (<i>If not employed, or if retired, please</i> From To Full-time/part-time	indica	ate.):
5)	In the last tax year, did	vou file a state	return to any state	Yes	No	12) Are you or is your spouse an active duty member of the U.S.	Yes	No
- /	other than Virginia? If					armed forces?		
6)	Will you have claimed your federal and Virgi prior to the term in wl If no, please explain:	nia income tax nich the applica	return for the tax year nt will enroll?			If no, continue to Question 13. If yes, who is a member? Self Spouse and answer the following: a.) Are Virginia income taxes paid on all military income? If yes, as of what date?		
7)	Will you have provided financial support for a term in which the app <i>If no, please explain:</i>	t least 12 month licant will enrol	ns prior to the 1?			 Where were you stationed on that date? Please submit a copy of the most recent leave and earnings state b.) Are you or your active-duty spouse assigned to a permanent duty station in Virginia? 	ement	t.
8)	For at least one year im applicant is claiming ir or paid income taxes to If no, please explain:	i-state status, wi Virginia on all	ill you have filed a tax r			If yes, as of what date? Where are you stationed? Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the ID card showing the applicant's relationship to the military men		ıry
9)	Are you a registered vo Date registered	Original	Re-registered			13) Answer this question only if you live <i>outside</i> Virginia but <i>work</i> in Virginia:		
10	<i>If no</i> , indicate your reg Registered in another) Do you hold a valid Vi Date issued <i>If no</i> , indicate your dri Hold in another state _	state No irginia driver's l _ Original ver's license stat	ot registered icense? Renewal tus:			Will you have lived outside Virginia, been employed in Virgin earned at least \$15,080, and paid Virginia income taxes on all taxable income earned in this commonwealth, and claimed th applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status?	l he	
11) Did you own or opera Virginia during the las <i>If no</i> , indicate your aut Registered in another Did NOT own or oper	te a motor vehic t year? to registration s state	cle registered in tatus:			If yes, please submit verification of employment, including date and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.	'S I	

I certify that the information I have provided is true.

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 Office of Admissions 121 University Blvd. Fredericksburg, VA 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 (Optional)	Today's date
Name	Middle	
First	Middle	Last
Previous name		
		tate ZIP
Phone		
Dates I attended	Year of graduation (if a	applicable)

Signature

Date

COLLEGE OF EDUCATION

GRADUATE DEGREE APPLICANT RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Applicant: ____

_____ SSN (optional):____

Date: ___

Name of person recommending applicant:

The Family Educational Rights and Privacy Act of 1974 as amended by PL 93-380 allows candidates for admission to waive their right of access to confidential recommendations. While we do not require that you waive your right to read this recommendation, we do believe that such a waiver encourages a more candid and useful recommendation. If you agree to waive your right to see this recommendation, please sign the statement below.

I hereby waive my right of access to this recommendation and any appropriate attachments. This waiver is effective insofar as the recommendation is used solely for the purpose of admission to a graduate degree or certificate program.

Applicant's Signature: _____

TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to a graduate program at the University of Mary Washington. Your candid assessment of this applicant will greatly assist us in making a decision that is best for both the applicant and the program. We appreciate your time and effort in providing this recommendation.

When you have completed the recommendation, please do the following:

- 1. Mail, fax, or email the recommendation directly to the University,
 - Or

2. Seal the recommendation in the envelope, sign your name across the flap, and return it to the applicant.

How long have you known the applicant?							
I have known this applicant as an,	′a: □ Graduate student	Co-worker	□ Employee	□ Other			
I have served as the applicant's:	□ Instructor	Employer	Co-worker	□ Other			



Please give us your appraisal of the applicant in terms of the qualities below. Rate the applicant in comparison to other graduate school applicants, school administrators, or other representative groups you have known.

	Top 5% Exceptional	Top 25% Above Average	Average	Lower 25% Below Average	Not Observed
Integrity					
Motivation for graduate work					
Ability to work independently					
Ability to work with others					
Written communication skills					
Oral communication skills					
Leadership potential					
Teaching performance					
Professional commitment					
Ability to solve problems					
Organizational skills					
Judgment					
Ability to motivate self and others					
Intellectual ability					

What do you consider to be the applicant's particular strengths or talents?

Please feel welcome to add any additional comments regarding the applicant's strengths and/or weaknesses in regard to completing a graduate degree program.

Do you recommend this applicant for admission to a graduate degree program?							
□ Strongly recommend	d 🛛 Recommend 🔲 Recommend with reservation			Do not recommend			
May we contact you regarding th	is applicant?	□ Yes	🗆 No				
Signature:				Date:			
0							
Printed Name:	Title:						
Organization:							
C C							
Email				Phone:			

RETURN THIS COMPLETED FORM TO:

University of Mary Washington • Office of Admissions • 121 University Blvd. Fredericksburg, Virginia 22406-7239 • 540/286-8030 • Fax: 540/286-8085 • admissions.umw.edu/graduate • Email: graduate@umw.edu