

COLLEGE OF ARTS AND SCIENCES GRADUATE DEGREE PROGRAMS

APPLICATION FOR ADMISSION

MASTER OF SCIENCE IN GEOSPATIAL ANALYSIS



UNIVERSITY OF
MARY WASHINGTON

where great minds get to work

UNIVERSITY OF MARY WASHINGTON

ADMISSIONS CHECKLIST FOR GRADUATE 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 and 2 below have been completed. The online applications and forms are available at www.umw.edu/admissions/apply.

1. Complete all items listed below and submit with your application fee:

- Application (Don't forget to sign!)
- Honor System Agreement
- Virginia In-State Tuition Form
- Résumé, highlighting any GIS or geospatial-related experience
- Two letters of recommendation on the forms provided. One should be from a person who can attest to your GIS or geospatial experience, if applicable.
- Personal goal statement should address any or all of the following topics:
 - What do you hope to gain from the MSGA program?
 - What contributions do you feel you can make to the program as a participant?
 - Is there a particular area of geospatial analysis that interests you?
 - How will the MSGA degree build upon your work experience and/or academic coursework and help you to pursue your professional goals?

2. Send a transcript request to all the colleges you've attended (copies may be made of the form in this booklet):

- Request official transcripts from each and every college or university you attended, even if the courses were transferred somewhere else.
- Request any military transcripts if appropriate.

3. Mail or deliver to:

University of Mary Washington
Office of Admissions
121 University Blvd.
Fredericksburg, VA 22406-7239

**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.**

UNIVERSITY OF MARY WASHINGTON

GRADUATE PROGRAMS APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT in the information below and return this form with your \$50 nonrefundable 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 Year _____

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 _____

Email address _____ Home phone _____
(Area Code) Number

Cellphone _____ Work phone _____
(Area Code) Number (Area Code) Number

Mailing address _____
Number and Street

City or Town State Country ZIP Code or Postal Code

Best way and time to contact: _____

Occupation _____ Employer _____

Do you plan to use tuition reimbursement from your employer? Yes No

Are you applying for a graduate assistant position? Yes No

Are you applying for conditional admission through the ELS Language Center? Yes No

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.

Do you wish 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. Answers to these questions will not be used in a discriminatory manner.

Sex: Female Male Birth date _____

Social Security number (Excluding your Social Security number may delay the registration process.) _____

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

African American, Black Asian or Pacific Islander White, Non-Hispanic

Native American, Alaska Native Hispanic or Latino Multiracial

Are you Hispanic/Latino? Yes, Hispanic or Latino (including Spain) No Please describe your background _____

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

American Indian or Alaska Native (including all Original Peoples of the Americas) Please describe your background _____

Are you enrolled? Yes No

Please enter tribal enrollment number _____

Asian (including Indian subcontinent and Philippines) Please describe your background _____

Black or African American (including Africa and Caribbean) Please describe your background _____

Native Hawaiian or Other Pacific Islander (Original Peoples) Please describe your background _____

White (including Middle Eastern) Please describe your background _____

How did you learn of the University of Mary Washington?

Newspaper Information Session Friend or Colleague Radio Other _____

GRADUATE PROGRAMS APPLICATION FOR ADMISSION

GRADUATE PROGRAMS

I plan to be a:

- Part-time student
 - 1 class/semester
 - 2 classes/semester
- Full-time student (3 classes/semester)

EDUCATION

Of the following list, please mark your highest level of education:

- Bachelor's degree
- Graduate, level unknown
- Post master's or certificate
- Master's degree
- Doctorate

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
College or University	Location-City/State	Dates of attendance	Degree earned	Name when enrolled

Have you previously applied to or attended the University of Mary Washington? Yes No

Please list any GIS or geospatial course work you have taken. Include course number, course title, school where the course was completed, and grade.

ADDITIONAL INFORMATION

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

If yes, please attach a short explanation.

Include a résumé of your work experience. Include any geospatial-related experience. (No more than two typed pages.)

Include a personal goal statement addressing any or all of the following topics:

- What do you hope to gain from the MSGA program?
- What contributions do you feel you can make to the program as a participant?
- Is there a particular area of geospatial analysis that interests you?
- How will the MSGA degree build upon your work experience and/or academic coursework and help you to pursue your professional goals?

HONOR SYSTEM AGREEMENT (PLEASE READ AND SIGN)

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-system

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.

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.

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 _____
Last First Middle
- 2) Social Security number (Optional) _____ 3) Date of birth _____
- 4) Citizenship U.S. U.S. permanent resident Non-U.S. Please specify visa type _____ Exp. date _____ (Please provide copy of I-94)
- 5) How long have you lived in Virginia? _____ year(s) _____ month(s)
- 6) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)
- | | | | | | |
|----------------|-------|-------|----------|-------|-------|
| Street address | City | State | ZIP code | From | To |
| _____ | _____ | _____ | _____ | _____ | _____ |
- 7) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):
- | | | | | | |
|----------------|-------|-------|----------|-------|-------|
| Street address | City | State | ZIP code | From | To |
| _____ | _____ | _____ | _____ | _____ | _____ |
- | | |
|---|---|
| <p>8) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? <input type="checkbox"/> Yes <input type="checkbox"/> No
 b.) If yes, does your spouse provide over 50% of your financial support? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10) Do any of the following characteristics apply to you?
 Place a check beside all that apply.
 <input type="checkbox"/> Age 24 or older as of the first day of the term in which you intend to enroll
 <input type="checkbox"/> Veteran or active duty member of the U.S. armed forces
 <input type="checkbox"/> Graduate or first-professional student
 <input type="checkbox"/> Ward of the court or was a ward of the court until age 18
 <input type="checkbox"/> If both parents are deceased, no adoptive or legal guardian
 <input type="checkbox"/> Legal dependents other than a spouse</p> <p>11) In the last tax year did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>13) Are you a registered voter in Virginia?
 Date registered _____ Original _____ Re-registered _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14) Do you hold a valid Virginia driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
 Date issued _____ Original _____ Renewal _____
 <i>If no, indicate your driver's license status:</i>
 Hold in another state _____ Not licensed _____</p> | <p>15) Did you own or operate a motor vehicle registered in Virginia during the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
 <i>If no, indicate registration status:</i>
 Registered in another state _____
 Did NOT own or operate a motor vehicle _____</p> <p>16) Are you or is your spouse an active duty member of the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
 <i>If no, continue to Question 17.</i>
 <i>If yes, who is a member? Self _____ Spouse _____ and answer the following:</i>
 a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> Yes <input type="checkbox"/> No
 <i>If yes, as of what date? _____</i>
 <i>Where were you stationed on that date? _____</i>
 <i>Please submit a copy of the most recent leave and earnings statement.</i>
 b.) If you are in the military, or if your spouse is, are you assigned to a permanent duty station in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No
 <i>If yes, as of what date? _____</i>
 <i>Where are you stationed? _____</i>
 <i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.</i></p> <p>17) Answer this question only if you live <i>outside</i> Virginia but <i>work</i> in Virginia: Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, and paid Virginia income taxes on all taxable income earned in this commonwealth, for at least one year prior to the term in which you will enroll? <input type="checkbox"/> Yes <input type="checkbox"/> No
 <i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i></p> |
|---|---|

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

Signature of applicant _____

Date _____

Section B - Parent, legal guardian, or spouse

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 guardian spouse _____

2) How long have you lived in Virginia? _____ year(s) _____ month(s)

3) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address City State ZIP code From To

4) Employment information for at least one year prior to the date for which in-state tuition rates are sought (*If not employed, or if retired, please indicate.*):

Street address City State ZIP code From To Full-time/part-time

- | | |
|--|--|
| <p>5) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____
_____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll?
<i>If no, please explain:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>7) Will you have provided more than half of the applicant's financial support for at least 12 months prior to the term in which the applicant will enroll?
<i>If no, please explain:</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>8) For at least one year immediately prior to the term in which the applicant is 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> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>9) Are you a registered voter in Virginia?
Date registered _____ Original _____ Re-registered _____
<i>If no, indicate your registration status:</i>
Registered in another state _____ Not registered _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10) Do you hold a valid Virginia driver's license?
Date issued _____ Original _____ Renewal _____
<i>If no, indicate your driver's license status:</i>
Hold in another state _____ Not licensed _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>11) Did you own or operate a motor vehicle registered in Virginia during the last year?
<i>If no, indicate your auto registration status:</i>
Registered in another state _____
Did NOT own or operate a motor vehicle _____ <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>12) Are you or is your spouse an active duty member of the U.S. armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If no, continue to Question 13.</i>
<i>If yes, who is a member? Self _____ Spouse _____</i>
and answer the following:</p> <p>a.) Are Virginia income taxes paid on all military income?
<i>If yes, as of what date?</i> _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Where were you stationed on that date? _____
<i>Please submit a copy of the most recent leave and earnings statement.</i></p> <p>b.) Are you or your active-duty spouse assigned to a permanent duty station in Virginia? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, as of what date?</i> _____
Where are you stationed? _____
<i>Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i></p> <p>13) Answer this question only if you live <i>outside</i> Virginia but work in Virginia:

Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this commonwealth, and claimed the 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i></p> |
|--|--|

I certify that the information I have provided is true.

Signature of parent/guardian/spouse

Date

GRADUATE DEGREE APPLICANT RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Applicant: _____ SSN (optional): _____

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: _____ Date: _____

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:

- Undergraduate student Graduate student Co-worker Employee Other

I have served as the applicant's:

- Direct supervisor 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 comments regarding the applicant's strengths or weaknesses in regard to completing a graduate degree program or attach a separate letter of recommendation.

Do you recommend this applicant for admission to a graduate degree program?

- Strongly recommend
 Recommend
 Recommend with reservation
 Do not recommend

May we contact you regarding this applicant? Yes No

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Organization: _____

Email _____ Phone: _____

GRADUATE DEGREE APPLICANT RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Applicant: _____ SSN (optional): _____

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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: _____ *Date:* _____

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.

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Organizational skills					
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Intellectual ability					

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Please feel welcome to add comments regarding the applicant's strengths or weaknesses in regard to completing a graduate degree program or attach a separate letter of recommendation.

Do you recommend this applicant for admission to a graduate degree program?

- Strongly recommend
 Recommend
 Recommend with reservation
 Do not recommend

May we contact you regarding this applicant? Yes No

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Organization: _____

Email _____ Phone: _____

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 call or email each institution before 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 _____
First Middle Last

Previous name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

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

_____ Signature

_____ 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 call or email each institution before sending this transcript request form. Duplicate as needed.

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

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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 _____
First Middle Last

Previous name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

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

Signature

Date

