

UNIVERSITY OF MARY WASHINGTON

ADMISSIONS CHECKLIST FOR GRADUATE EDUCATION PROGRAMS

Complete all forms listed below and submit with your \$45 application fee or waiver:
(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 - Thursday 8 am ~ 7 pm and Friday 8 am ~ 5 pm**

GRADUATE EDUCATION PROGRAMS APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT in the information 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
 Toll-free: 866-261-4458 • Fax: 540-286-8085 • cgps.umw.edu • E-mail: 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 Post-Master's Certificate)
- Graduate Education Certificate (Gifted Education, Instructional Technology Leadership, Literary Specialist, Teaching ESL)
- Math Education

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 _____

E-mail Address _____ Home Phone () _____
Area Code Number

Occupation _____ Work Phone () _____
Area Code Number

Employer _____
Name of Employer

- Citizenship US citizen Dual US citizen; please specify other country of citizenship _____
 US 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
- Information Session
- Radio
- Friend or Colleague
- Other _____



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 Only): _____

Provide a copy of your PRAXIS 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

ENROLLMENT

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

What endorsement? _____ Date license is valid through: _____

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

Please check below the endorsement you plan to pursue.

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

Diverse Student Populations ESL Special Education Instructional Technology Leadership
 Literary Specialist Math Education

C) EDUCATIONAL LEADERSHIP

Master of Education Post-Master's Certificate

D) CERTIFICATES FOR LICENSED TEACHERS

Teaching English as a Second Language (TESL) Gifted Education Instructional Technology Leadership
 Literary Specialist

ESSAY QUESTIONS Response should be 2–3 typed double-spaced pages for each essay.
(Not required for Graduate Certificates)

TRACK I: 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, why you think it is important and your stance on it.

TRACK II: M.Ed. FOR LICENSED TEACHERS

- 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) Discuss a current issue in education, why you think it is important and your stance on it.

EDUCATIONAL LEADERSHIP

- a) Discuss a current issue in educational leadership that you might face as an educational leader.
- b) 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:

<http://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.

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.

Application for Virginia In-State Tuition Rates



This form should be completed 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. The completed form must accompany the Application for Admission.

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

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% 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% 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

If your parents/legal guardian or spouse provide more than 50% of your support, 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 taxed 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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," have income taxes been paid to another state?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Does the current Leave/Earnings Statement reflect Virginia withholding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "Yes," effective date of change to Virginia:				
	____ / ____ / ____			
	Month Day Year			

	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	

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 \$10,712 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 least \$10,712 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 least \$10,712 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 \$10,712 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 ____ / ____

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

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

EDUCATIONAL LEADERSHIP PROGRAM APPLICANT RECOMMENDATION

TO BE COMPLETED BY APPLICANT

Applicant's Name: _____ SSN: _____

Recommender's Name: _____

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 the Educational Leadership Program.

Applicant's Signature: _____ Date: _____

TO BE COMPLETED BY RECOMMENDER

The person whose name appears above is applying for admission to the Educational Leadership 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 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:

- 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					
Judgement					
Ability to motivate self and others					
Intellectual ability					

What do you consider to be the applicant's particular strengths or talents as they relate educational leadership?

Please feel welcome to add any additional comments regarding the applicant's strengths and/or weaknesses in regard to successfully completing the Educational Leadership Program.

Do you recommend this applicant for admission to the Educational Leadership 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: _____

E-mail _____ Phone: _____

RETURN THIS COMPLETED FORM TO:

University of Mary Washington College of Graduate and Professional Studies • Office of Admissions • 121 University Blvd.
 Fredericksburg, Virginia 22406-7239 • 540-286-8088 • Toll-free: 866-261-4458 • Fax: 540-286-8085 • cgps.umw.edu • E-mail: graduate@umw.edu