

The seal of Valparaiso University is a circular emblem with a rope-like border. Inside the border, the words "VALPARAISO UNIVERSITY" are written in a serif font, with "VALPARAISO" on the left and "UNIVERSITY" on the right. In the center of the seal is a torch with a flame. Below the torch, the Latin motto "VERITAS TUA VIDEMUS" is written in a smaller font. At the bottom of the seal, the year "1859" is displayed between two small stars.

# **VALPARAISO UNIVERSITY**

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## **APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL**

**Kretzmann Hall Room 116  
1700 Chapel Drive  
Valparaiso, Indiana 46383-6493**

**Telephone: 1.219.464.5313  
Toll Free: 1.800.821.7685  
Fax: 1.219.464.5381**

**Email: [Graduate.School@valpo.edu](mailto:Graduate.School@valpo.edu)  
Website: [www.valpo.edu/grad](http://www.valpo.edu/grad)**

We welcome your application for admission to the Graduate School of Valparaiso University. The mission of the Graduate School is to serve the advanced learning, professional development, and personal enrichment needs of individuals nationally and internationally. The Graduate School admits students that demonstrate the ability and motivation to succeed in an academically challenging environment.

## APPLICATION PROCEDURE

To be considered for admission, ALL applicants must provide:

- This application form completed and signed.
- \$30 application fee for US Citizens (\$20 application fee for students apply to one of our Dual degree programs).
- Official transcripts of all prior undergraduate and graduate coursework. If you have received an undergraduate or graduate degree from Valparaiso University, you are not required to submit an official transcript from Valparaiso University.

### IF YOU PLAN TO SEEK A MASTERS DEGREE OR POST-MASTERS CERTIFICATE...

Check the program to which you are applying and not the *additional* requirements:

Program	2 Letters of Recommendation	Reflective Essay	Supplemental Application	Copy of RN License	EXAM	Pre-Professional Skills Test (PPST Scores)
<input type="checkbox"/> MA in English Studies & Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> MA in Chinese Studies (including Teachers Track)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Dual JD/MA in Chinese Studies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> MS in Digital Media	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MS in Sports Media	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MA in Liberal Studies (MALS)*	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Dual JD/MA in Liberal Studies	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MS in Information Technology	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MS in International Commerce & Policy	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Dual JD/MS in International Commerce & Policy	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MS in International Economics and Finance	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MS in Sports Administration	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Dual JD/MS in Sports Administration	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MS in Nursing Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> Post-MSN Doctorate in Nursing Practice (DNP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> BSN to Doctorate in Nursing Practice (DNP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> MS in Nursing (MSN)/MBA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> GMAT	
<input type="checkbox"/> Master of Education - Initial Licensure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> Master of Education - LEAPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> Master of Education – Teaching & Learning (current teaching license required)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>
<input type="checkbox"/> M.Ed/Ed.S in School Psychology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> MA in School Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> MA in Clinical Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> MA in Community Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Dual JD/Clinical Mental Health Counseling (JD/CMHC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/> Dual JD/Psychology (JD/MA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

\*If you checked the MALS degree or MALS Post Graduate Certificate, please indicate which area of concentration you have chosen:

- English                       Ethics & Values                       Gerontology                       History
- Human Behavior & Society     Individualized Other (please specify topic area): \_\_\_\_\_
- Theology/Theology & Ministry (includes Deaconess Track)

### IF YOU ARE NOT SEEKING A DEGREE...

Check the category that applies to you and note the additional requirements:

Program	2 Letters of Recommendation	Reflective Essay	Supplemental Application	Statement from Adviser/Principal	Copy of Teaching License	Pre-Professional Skills Test (PPST Scores)
<input type="checkbox"/> <b>Certificate Programs*</b>	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> MALS Post Graduate Certificate	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Business Management Certificate	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Management Certificate for Counseling	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Management Certificate for Nursing	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Legal Studies & Principles Certificate	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> TESOL Certificate	<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/> Teacher Certification, Transition-to-Teaching**, or Addition of Content Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> ****	<input type="checkbox"/> ***
<input type="checkbox"/> Professional Educator			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Visiting Student				<input type="checkbox"/>		
<input type="checkbox"/> General Non-Degree Student						

\*\* Transition-to-Teaching requires 3 Letters of Recommendation.

\*\*\* Necessary only for those individuals seeking a first-time teaching license.

\*\*\*\* License is required for content area applications only.



**IV. EMPLOYMENT BACKGROUND** (If you have professional experience, include your resume with this application.)

Name: \_\_\_\_\_ Job Title/Description: \_\_\_\_\_

Work Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Work Address: \_\_\_\_\_

May we contact you at work?  Yes  Prefer Not

Will you receive employer reimbursement?  Yes  No  Don't Know

Have you ever been convicted of a felony?  No  Yes; if yes, please explain fully on a separate sheet.

NOTE: Some states have restrictions on licensing or professionally credentialing an individual with a criminal record.

**V. SELECTION OF VALPARAISO UNIVERSITY**

How did you learn about Valparaiso University? (check all that apply)

- College Adviser  Valpo Alumni  Professor  Recruiter
- Relative/Friend  Religious Organization  Printed Material  Reference Material
- Internet Site (which site) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Please list other graduate schools you are considering or to which you are applying:

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Order the factor(s) (1 = most important) that will affect your choice for graduate school (rank all that apply).

\_\_\_\_\_ Reputation      \_\_\_\_\_ Accreditation      \_\_\_\_\_ Program of Study      \_\_\_\_\_ Good Value for Cost  
 \_\_\_\_\_ Location      \_\_\_\_\_ Other (please specify) \_\_\_\_\_

**VI. REFLECTIVE ESSAY**

All applicants, except professional educators, visiting students, and general non-degree students, are required to submit a two-page personal statement or reflective essay indicating their purpose for undertaking graduate study and how this study relates to their professional and personal goals. This statement must be typed double-spaced on separate sheets and submitted with the application materials. Please note that the supplemental application for some degree programs provides further instructions for the personal statement.

The decision for admission to the Graduate School is not final until all required application materials have been received. Applicants granted conditional permission to register for classes may not be allowed to continue their coursework if they do not satisfy the admission requirements.

*"I submit this application as a true and complete statement of facts for your consideration."*

\_\_\_\_\_  
**Signature of Applicant Required**

\_\_\_\_\_  
**Date**

**DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY.**

APPLICATION APPROVED: \_\_\_\_\_

SENT TO COMMITTEE: \_\_\_\_\_

APPLICATION DENIED: \_\_\_\_\_

DEAN'S SIGNATURE: \_\_\_\_\_

APPLICATION FEE RECEIVED: \_\_\_\_\_

DATE: \_\_\_\_\_



# VALPARAISO UNIVERSITY GRADUATE SCHOOL

## DEPARTMENT OF EDUCATION

### PART II: SUPPLEMENTAL APPLICATION FORM

Specific graduate programs require applicants to submit a supplemental application form along with the basic application. In this supplemental form, you are (1) requested to provide additional information, and/or (2) provided with more specific instructions regarding information requested on the basic application form.

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1. NAME: \_\_\_\_\_
2. Do you have a current teaching license?  Yes  No If yes, which state? \_\_\_\_\_
3. Did you ever have a teaching license?  Yes  No If yes, which state? \_\_\_\_\_
4. Were you ever eligible to apply for a teaching license, such as at the time of completion of your bachelor's degree?  
 Yes  No If yes, which state? \_\_\_\_\_
5. If seeking admission to a degree program, please indicate degree and concentration:  
 Master of Education (M.Ed.):  Teaching & Learning (current teaching license required)  
 Initial Licensure:  
 Early Childhood  Middle/Adolescent  Secondary  
 LEAPs:  
 Early Childhood  Middle/Adolescent  Secondary
6. If not seeking a degree, please indicate your purpose for seeking admission to graduate study in education:  
 Initial Licensure Without a Graduate Degree:  
 Early Childhood  Middle/Adolescent  Secondary  
 Special Education Endorsement (Mild Intervention Needs LD, MIMH, E/BD)  
 Elementary  Middle  Secondary  
 Adding Endorsement:  
 Special Education Endorsement (Mild Intervention Needs LD, MIMH, E/BD)  
 Elementary  Middle  Secondary  
 Reading Endorsement  
 Adding Junior High/Middle School Endorsement  
 Other (e.g. Physical Ed., Art, History, etc.) \_\_\_\_\_  
 Renew or Professionalize Current License: Currently active elementary or secondary educators may take courses without formal admission to degree-seeking status provided they do not intend to use the credits towards a degree, initial licensure, or to add a special education or reading endorsement to a current license.
7. Non-Degree Programs:  Personal Enrichment  
 Visiting Student (credits transferred to another institution)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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#### SEND ALL APPLICATION MATERIALS TO:

Office of the Graduate School, Kretzmann Hall Room 116, 1700 Chapel Drive, Valparaiso University, Valparaiso, IN 46383.

Upon receipt of all admission materials, the Committee on Admissions for the graduate counseling programs will review the file. The applicant will be notified in writing of the committee's decision. Questions should be addressed to the Office of the Graduate School at 219.464.5313 or 1.800.821.7685.



# RECOMMENDATION FORM

**APPLICANT:**

Please complete this section and give this form to the person making the recommendation, together with a stamped, pre-addressed envelope.

**Applicant's Name** (print): \_\_\_\_\_

**Academic Program** (print): \_\_\_\_\_

**Recommender's Name** (print): \_\_\_\_\_

*The Family Education Rights and Privacy Act (20 U.S.C. 1232g) provides you with a right of future access to this recommendation once enrolled as a student. The Act also allows you to waive the right to access, but prohibits the Office of the Graduate School from requiring you to waive this right as a condition of admission or review and evaluation of an application for admission. If you waive your right to inspect this document, have your recommender enclosed the recommendation in a business envelope, seal, and sign across the back flap before returning it to you or the Office of the Graduate School.*

Please select one of the following options and sign: I hereby     **waive**     **do not waive** my right.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO THE PERSON COMPLETING THIS RECOMMENDATION FORM:**

The above named person has applied for admission to Graduate School at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of the Graduate School in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program. We sincerely appreciate the time that you take to provide us with your comments.

**SEND RECOMMENDATION FORM TO:**

Office of the Graduate School, Kretzmann Hall Room 116, 1700 Chapel Drive, Valparaiso University, Valparaiso, IN 46383.

**I. How long have you known the applicant and in what capacity?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. Please rate the applicant's abilities in comparison with others you have known at comparable stages of their careers.**

	Outstanding	Above Average	Average	Below Average	Cannot Assess
Academic Potential					
Motivation for Graduate Study					
Independence of Thought					
Judgment/Maturity					
Creativity/Resourcefulness					
Character					
Ability to Work with Others					
Oral Communication					
Written Communication					

**III. We would appreciate additional comments. Please use the spaces below or separate sheet(s) of paper.**

A. Please describe what you consider to be the candidate's greatest strengths.

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B. Please describe areas in which the candidate would benefit from improvement.

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C. Additional observations about the candidate that could have a bearing on the candidate's ability to succeed in graduate study at Valparaiso University.

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- D. I recommend this candidate highly. \_\_\_\_\_
- I recommend without reservation. \_\_\_\_\_
- I recommend with reservation. \_\_\_\_\_
- I do not recommend this candidate. \_\_\_\_\_

(Please indicate, if possible, the nature of your reservations. Use a separate sheet of paper if necessary.)

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**If you have questions about this form or other matters that you wish to discuss, feel free to contact the Dean of Graduate School (219-464-5313; 800-821-7685).**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Work Home



# RECOMMENDATION FORM

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\_\_\_\_\_  
\_\_\_\_\_

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- I recommend with reservation. \_\_\_\_\_
- I do not recommend this candidate. \_\_\_\_\_

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Institution:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_ City State Zip

**Phone:** (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Work Home