The seal of Valparaiso University is a circular emblem. It features a central torch with a flame, set against a background of a shield. The shield is divided into four quadrants. The outer ring of the seal contains the text "VALPARAISO UNIVERSITY" at the top and "1859" at the bottom, flanked by two small stars. The Latin motto "SCIENTIA TUA VIDEMUS" is inscribed within the inner ring of the seal.

VALPARAISO UNIVERSITY

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
Website: 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 applying to a dual degree program).
- 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 note 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 & Management	<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"/> BSN to Doctorate in Nursing Practice (DNP)	<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"/> 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"/> 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"/> Certificate Programs*	<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.

I. PERSONAL INFORMATION

Name: _____
 First Name Middle Name Last Name Former Name

Home Address: _____
 Number & Street City State Zip

 Day Phone (circle: home or office) Cell Phone Fax Number Email

 Social Security Number Date of Birth (Month/Day/Year)

Gender: Male Female

US Citizen (including Permanent Resident): Yes No; if no, in what country are you a citizen? _____

Race (Optional):

1. Are you Hispanic or Latino? Yes No
2. Are you from one or more of the following (please check all that apply):
 - American Indian or Alaskan Native Asian Black or African American
 - Native Hawaiian/Other Pacific Island White

II. EDUCATIONAL BACKGROUND

College/University	Location	Dates of Attendance	Degree/Credits Earned
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

NOTE: Official transcripts of all college work must be received before you will be allowed to take graduate courses at Valparaiso University.

List recognitions, awards, or scholarships that you have received, or co-curricular or community/civic activities in which you have been involved.

Have you ever been dismissed or placed on academic probation at Valparaiso University or another academic institution?

- No Yes; If yes, please explain fully on a separate sheet.

III. EDUCATIONAL BACKGROUND

- A. Anticipated year/term to begin: 20_____ August (Fall) January (Spring) May (Summer)
- B. Full or part-time plans: Full (9 or more credits) Part (8 or fewer credits)
- C. Expected course schedule: Day Evening Both

If you are seeking a degree or a certificate, in how many years or semesters do you plan to complete the program?*

* NOTE: Most programs require completion within 5 years of admission.

Valparaiso University admits students of any race, color, national, and ethnic origin, age, gender, disability, sexual orientation or (as qualified herein) religion, to all the rights, privileges, programs, and activities, generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin, age, gender, disability, sexual orientation or (or as qualified herein) religion in administration of its educational policies, admissions, policies, scholarship and loan programs, career services and placement, and athletic and other school-administered programs. Valparaiso University is an institution committed to its Lutheran traditions. The University reserves the right to promote the teachings of the church and to exercise preferences in admissions in favor of Lutherans.

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:

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: _____

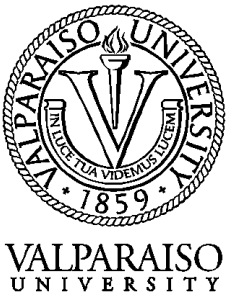
SENT TO COMMITTEE: _____

APPLICATION DENIED: _____

DEAN'S SIGNATURE: _____

APPLICATION FEE RECEIVED: _____

DATE: _____



VALPARAISO UNIVERSITY GRADUATE SCHOOL

MED / EDUCATION SPECIALIST: SCHOOL COUNSELING 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.

1. NAME: _____

2. Please list the courses taken at the undergraduate level for the following areas of study. Include your grades and credit hours earned.

PSYCHOLOGY

Title	Credits	Grade	Semester Completed

EDUCATION/SPECIAL EDUCATION

Title	Credits	Grade	Semester Completed

3. Letters of reference: One must come from applicant's baccalaureate program. (List Names & Addresses below)

4. If you do not meet the qualifications necessary for admission in the M.Ed./Ed.S. in School Counseling, what other reasons and/or work experiences, or other coursework (e.g., Social Work, Human Development, Sociology, Child & Family, etc.) should be considered? Attach additional sheets if necessary.

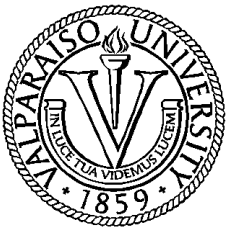
5. If you are not admitted in the M.Ed./Ed.S in School Counseling, would you consider taking the necessary prerequisites in order to qualify? Yes No Undecided

Signature: _____ Date: _____

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 School 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 1.800.821.768.



RECOMMENDATION FORM

VALPARAISO
UNIVERSITY

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.

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

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

- 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.)

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).

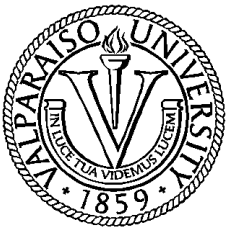
Signature: _____ **Date:** _____

Title: _____ **Institution:** _____

Address: _____

_____ City State Zip

Phone: (_____) _____ (_____) _____
Work Home



RECOMMENDATION FORM

VALPARAISO
UNIVERSITY

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.

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

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

- 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.)

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