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
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:

<table>
<thead>
<tr>
<th>Program</th>
<th>2 Letters of Recommendation</th>
<th>Reflective Essay</th>
<th>Supplemental Application</th>
<th>Copy of RN License</th>
<th>EXAM</th>
<th>Pre-Professional Skills Test (PPST Scores)</th>
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<td>MA in English Studies &amp; Communication</td>
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<td>MA in Chinese Studies (including Teachers Track)</td>
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<td>MS in Sports Media</td>
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<td>MA in Liberal Studies (MALS)*</td>
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<td>BSN to Doctorate in Nursing Practice (DNP)</td>
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*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:

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<td>General Non-Degree Student</td>
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** 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: _________________________________________________________________________________________

Home Address: ____________________________________________________________________________________

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 (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: _________________
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. Three letters of reference: three references from clinical peers/supervisors who attest to communication and clinical competence (VU alumni need only submit two letters of recommendation)
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Summary Checklist
☐ A bachelor’s or master’s in nursing from an accredited university with a grade point average of at least 3.25
☐ Unencumbered Indiana license or eligibility for RN licensure in the State of Indiana
☐ Copy of all registered nurse licenses
☐ Certification as an advance practice nurse
☐ Copy of current APN certification for advanced practice nursing specialty
☐ Completion of Post-BSN or Post-MSN DNP Application
☐ An essay relating doctoral study to your personal and professional goals
☐ Submission of a portfolio to include curriculum vita/resume that includes a description of current and past clinical practice as well as any presentations and/or publications
☐ 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
☐ Letter of recommendation from three clinical peers/supervisors who attest to communication and clinical competence (VU alumni need only submit two letters of recommendation)
☐ Interview with the Dean of the College of Nursing and Faculty

Application Deadline: April 15

Signature: __________________________________________ Date: __________________________

SEND ALL APPLICATION MATERIALS TO:
Office of the Graduate School, Kretzmann Hall Room 114, 1700 Chapel Drive, Valparaiso University, Valparaiso, IN 46383.

Upon receipt of all admission materials, the Committee on Admissions for the graduate Nursing programs will review the file. The applicant will be notified in writing of the committee’s decision. Questions should be addressed to the Graduate School at 219.464.5313 or 1.800.821.7685.
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 114, 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.

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<th>Above Average</th>
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<td>Independence of Thought</td>
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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

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

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Title: ______________________________________________ Institution: ___________________________
Address: ____________________________________________

____________________________________________________________
City State Zip
Phone: (______)____________________ (______)____________________
Work Home