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:

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<th>Program</th>
<th>2 Letters of Recommendation</th>
<th>Reflective Essay</th>
<th>Supplemental Application</th>
<th>Copy of RN License</th>
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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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** 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.

______________________________________________________________________________________________

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______________________________________________________________________________________________

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.
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.”

_____________________________________________                   Date

Signature of Applicant Required

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. What is your academic background in Information Technology? (select one)
   
   □ Undergraduate major in Information Technology (IT), Computer Science (CS), Engineering or related field:
   ________________________________________________________________

   □ Undergraduate minor in IT, CS, Engineering or related field:
   ________________________________________________________________

   □ Graduate coursework in IT, CS, Engineering or related field – list degree & number of credits:
   ________________________________________________________________

   □ Fewer than 15 credits (minor) in IT, CS, Engineering or related field, list all coursework, grades and credit hours:

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3. If you do not meet the qualifications necessary for admission, what other reasons and/or work experiences should be considered? Attach additional sheets if necessary.
   ________________________________________________________________
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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 Information Technology & Management 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.
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.

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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.)

_______________________________________________________________________________________

_______________________________________________________________________________________

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
APPLICATION:
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): ______________________________________________________________________________________

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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: (______)________________________ (______)________________________
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