VALPARAISO UNIVERSITY

APPLICATION FOR ADMISSION TO THE GRADUATE DIVISION

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.Studies@valpo.edu
Website: www.valpo.edu/grad
We welcome your application for admission to the Graduate Division of Valparaiso University. The mission of the Graduate Division is to serve the advanced learning, professional development, and personal enrichment needs of individuals nationally and internationally. The Graduate Division 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:

<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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<tbody>
<tr>
<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>MA in Liberal Studies (MALS)*</td>
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<td>MS in International Commerce &amp; Policy</td>
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<td>MS in Sports Administration</td>
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<td>MS in Nursing Education</td>
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<td>Post-MSN Doctorate in Nursing Practice (DNS)</td>
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<td>BSN to Doctorate in Nursing Practice (DNS)</td>
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<td>MS in Nursing (MSN)/MBA</td>
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<td>GMAT</td>
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<td>Master of Education, LEAPs, Initial Licensure or Teaching &amp; Learning</td>
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<td>M.Ed/Ed.S in School Psychology</td>
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<td>MA in Community Counseling or Clinical Mental Health Counseling</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:

<table>
<thead>
<tr>
<th>Program</th>
<th>2 Letters of Recommendation</th>
<th>Reflective Essay</th>
<th>Supplemental Application</th>
<th>Statement from Adviser/Principal</th>
<th>Copy of Teaching License</th>
<th>Pre-Professional Skills Test (PPST Scores)</th>
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<tbody>
<tr>
<td>Certificate Programs*</td>
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<td>TESOL Certificate</td>
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<td>Teacher Certification, Transition-to-Teaching**, or Addition of Content Area</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

<table>
<thead>
<tr>
<th>College/University</th>
<th>Location</th>
<th>Dates of Attendance</th>
<th>Degree/Credits Earned</th>
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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.
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 Division 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. 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
     □ Special Education: (Mild Intervention Needs LD, MIMH, E/BD)
     □ Elementary □ Middle □ Secondary
     □ Leading to Initial Licensure:
     □ Early Childhood □ Middle/Adolescent □ Secondary

   □ Master of Science in Special Education (MSSE):
     □ Special Education Endorsement
     (Mild Intervention Needs LD, MIMH, E/BD)
     □ Elementary □ Middle □ 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

   □ Adding Endorsement:
     □ Special Education Endorsement
     (Mild Intervention Needs LD, MIMH, E/BD)
     □ Elementary □ Middle □ Secondary

   □ 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: ____________________________

SEND ALL APPLICATION MATERIALS TO:
The Office of Graduate Studies, 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 Graduate Studies at 219.464.5313 or 1.800.821.7685.