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 note the additional requirements:

<table>
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<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>MS in Nursing (MSN)/MBA</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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<td>Dual JD/Psychology (JD/MA)</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
☐ Human Behavior & Society
☐ Theology/Theology & Ministry (includes Deaconess Track)
☐ Gerontology
☐ Individualized Other (please specify topic area):

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: __________________________________________________________________________________________________________

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

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<thead>
<tr>
<th>College/University</th>
<th>Location</th>
<th>Dates of Attendance</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.

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 you 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: __________________________
Valparaiso University Graduate Division
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.

Name: ____________________________________________

1. Do you have a current teaching license? □ Yes □ No If yes, which state? ______________________

2. Did you ever have a teaching license? □ Yes □ No If yes, which state? ______________________

3. 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? ______________________

4. 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

5. 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
   □ 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.

6. Non-Degree Programs: □ Personal Enrichment
   □ Visiting Student (credits transferred to another institution)

SEND ALL APPLICATION INFORMATION TO: THE OFFICE OF GRADUATE STUDIES, KRETZMANN HALL, SUITE 116, VALPARAISO UNIVERSITY, VALPARAISO IN 46383. Upon receipt of all admission materials, the Committee on Admissions for the graduate education 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

Signature: ____________________________________________  Date: ________________________

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Valparaiso University Graduate Division
Department of Education

Part II: Transition-to-Teaching Non-Degree Licensure Program

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.

Name: ____________________________________________________________

Minimum Requirements to the Transition-to-Teaching Non-Degree Licensure Program:

1. Payment of $30 Graduate Division application fee
2. Payment of $2,500 Transition-to-Teaching program fee (schedule provided). This fee is in addition to the regular graduate tuition for coursework.
3. Three letters of reference (this includes graduates of Valparaiso University) focusing on the candidate’s character, ability to complete graduate coursework, and potential to be an effective teacher.
4. 300-500 Word Reflective Essay explaining reasons for wanting to become a teacher, reasons for wanting to enroll in this program rather than a degree licensure program, description of work/other professional experiences in diverse settings, knowledge/familiarity with computers and other technology, knowledge in the area(s) in which the applicant wants to be licensed, and professional dispositions related to teaching.
5. Transcripts indicating a minimum of a Bachelor’s degree from an accredited university in the content area, or in a closely related content area in which the applicant wishes to be licensed.
6. Transcripts that show a minimum 3.0 GPA in the specific content area or evidence that all of the following conditions are met:
   a. A 2.5 GPA undergraduate cumulative GPA,
   b. A 2.5 GPA in the specific content area, and
   c. Five years of relevant professional experience (defined as full-time employment in an education-related field (i.e. teacher aide) or in a field in which the person intends to be licensed.)
7. Proof of possession of Professional Liability Insurance (either personal insurance or insurance as a student member of AFT or NEA)
8. Valid Substitute teacher’s license for the State of Indiana.
9. Documentation of a minimum of 150 clock hours of experience in a P-12 education setting. Experience must be in a school setting (e.g. volunteer at a public or parochial school, after school tutoring at a school in a formal tutoring program, substitute teaching, etc.)
10. PRAXIS I (PPST) scores of 176 in Reading, 175 in Writing, and 178 in Mathematics.

I am interested in:  Elementary Education  Secondary Education

If you are interested in Secondary Education, the following requirement must be met prior to applying for the Transition-to-Teaching Non-Degree Licensure Program.

1. Passing PRAXIS II score in the content area in which teaching license will be obtained. If passing score is not obtained, additional content area coursework at the undergraduate level will be required.

SEND ALL APPLICATION INFORMATION TO: OFFICE OF GRADUATE STUDIES, KRETZMANN HALL, SUITE 116, VALPARAISO UNIVERSITY, VALPARAISO IN 46383. Upon receipt of all admission materials, the Committee on Admissions for the graduate education 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.

Signature: __________________________________________________  Date: ___________________________________
How to Become a Substitute Teacher

1. Contact the School Corporation for which you wish to substitute. To obtain an Indiana School Directory, contact the Indiana Department of Education’s Division of Publications.

2. The school corporation will indicate whether or not you meet the guidelines outlined in its substitute teacher program plans. NOTE: *If you hold a professional standard or reciprocal license, you do not need a substitute certificate to serve as a substitute teacher.*

3. If you meet the requirements, submit a request for the limited criminal history report from the Indiana State Police. When you receive the report, submit it to the school corporation.

4. Complete an application for substitute teaching, provided by the school corporation, and submit it to the school.

5. School corporations recommend individuals who meet their standards to the IPSB for the Substitute Teacher’s Certificate.

6. For additional information, refer to the Indiana Professional Standards Board webpage at

   http://www.state.in.us/psb/
**To the Person Completing this Recommendation Form:**

The above named person has applied for admission to Graduate Studies at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of Graduate Studies in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program. Please send to: Office of Graduate Studies, Valparaiso University, Valparaiso, Indiana 46383. We sincerely appreciate the time that you take to provide us with your comment.

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

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

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<th>Excellent</th>
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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 Studies (219-464-5313; 800-821-7685).

Signature: ____________________________ Date: ____________________________
Title: ____________________________ Institution: ____________________________
Address: ____________________________ Phone: (____) _______ (____) _______
City: ____________________________ State: ____________________________ Zip: ____________________________
Work: ____________________________ Home: ____________________________
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): _______________________________________________________________________________

Applicant’s Address (print): ______________________________________________________________________________

Applied for Program in:
- Mild Disabilities (includes LD, MiMH, & ED)
- Teaching & Learning
- Initial Teaching Licensure
- School Psychology
- Transition-to-Teaching
- Adding a Content Area

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 Graduate Studies 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 Graduate Studies.

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:

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

                                                                                           

V. Please rate the applicant’s ability in comparison with others you have known at comparable stages of their careers.

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Excellent | Above Average | Average | Fair | Weak | Cannot Assess
---|---|---|---|---|---
Rank among other candidates for graduate degrees

Mastery in major field

Effectiveness in the classroom

Creativity or originality in the classroom

Ability to motivate students

Ability to work with others

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

E. Please describe what you consider to be the candidate’s greatest strengths.

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

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G. 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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H. 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 Studies (219-464-5313; 800-821-7685).

Signature: ________________________________________________ Date:_____________________________________
Title:  ________________________________________________ Institution:_________________________________
Address: __________________________________________________________________________________________
City   State   Zip    Work    Home
Phone:(____)____________ (____)_____________
**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): _______________________________________________________________________________

Applicant’s Address (print): _______________________________________________________________________________

Applied for Program in:
- Mild Disabilities (includes LD, MiMH, & ED)
- Teaching & Learning
- Initial Teaching Licensure
- School Psychology
- Transition-to-Teaching
- Adding a Content Area

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 Graduate Studies 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 Graduate Studies.

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 Studies at Valparaiso University. Your comments and candid evaluation will greatly assist the Office of Graduate Studies in deciding the extent to which the applicant will benefit from and contribute to the Graduate Program. Please send to: Office of Graduate Studies, Valparaiso University, Valparaiso, Indiana 46383. We sincerely appreciate the time that you take to provide us with your comment.

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

_______________________________________________________________________________________________

VIII. Please rate the applicant’s ability in comparison with others you have known at comparable stages of their careers.

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

I. Please describe what you consider to be the candidate’s greatest strengths.

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Signature: ________________________________________________ Date:_____________________________________
Title: ________________________________________________ Institution:_________________________________
Address: __________________________________________________________________________________________
City ___________________________ State ___________________________ Zip ___________________________ Phone: (___) (___) ___________________________
Work ___________________________ Home ___________________________