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 Arts &amp; Entertainment Administration</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>Master of Education – Teaching &amp; Learning (current teaching license required)</td>
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<td>MS in Sports Administration</td>
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<td>MS in Nursing (MSN)/MBA</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>Aeronautical Principles Certificate</td>
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<td>General Non-Degree Student</td>
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** Transition-to-Teaching and DNP programs require 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) / / Fax Number / /

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.
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).

____ Reputaition  ____ Accreditation  ____ Program of Study  ____ Good Value for Cost

____ Location  ____ Other (please specify)

VI. REFLECTIVE ESSAY

Each applicant, except professional educators, visiting students, and general non-degree students, is required to submit a two-page personal statement or reflective essay indicating the purpose for undertaking graduate study and how it relates to his/her 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.

ALL STUDENTS

1. NAME: ____________________________

2. Have you traveled abroad before? If yes, please describe that experience (where, when, for what purpose, duration):

___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________
___________________________________________________________________________________________________

3. If you have not traveled abroad for academic credit, what prompted you to seek this option for graduate study?

________________________________________________________________________________________________________
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4. Supplemental Essay: 3-4 page typed, double-spaced essay describing (1) your interest studying abroad during graduate school; (2) possible topics or areas of interest for your thesis; (3) your past experiences in studying or working abroad, or in working with multicultural and/or international groups; (5) your interest in this program and how it relates to your future career goals. This essay substitutes for "Section VI Reflective Essay" on the main application form.

Signature: _______________________________ Date: _______________________________
RECOMMENDATION FORM

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?
___________________________________________________________________________________________
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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.)
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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 ___________________________
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I recommend without reservation. ________
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