

COLLEGE OF EDUCATION GRADUATE PROGRAMS

APPLICATION FOR ADMISSION



UNIVERSITY OF
MARY WASHINGTON

UNIVERSITY OF MARY WASHINGTON

ADMISSIONS CHECKLIST FOR GRADUATE EDUCATION PROGRAMS

You may complete the enclosed application or submit an online application, but be sure all requirements listed in sections 1, 2, and 3 below have been completed. The online applications and forms are available at www.umw.edu/admissions/apply.

1. Complete all forms listed below and submit with your application fee:
 - Application (Don't forget to sign!)
 - Honor System Agreement
 - Virginia In-State Tuition Form

2. Submit the following:
 - Three letters of recommendation
(For Education Leadership applicants only. Distribute to at least one supervisor.)
 - Essay questions (See instructions on application.)
 - Résumé outlining your work experience
 - Passing Praxis I scores (Strongly recommended, Track I applicants only)
 - Passing Praxis II scores (Recommended, Track I applicants only)
 - Copy of Virginia Teacher's License (Track II applicants only)

3. Send a transcript request to all the colleges you've attended:
 - **Request official transcripts from each and every college or university you attended**, even if the courses were transferred elsewhere. Duplicate the enclosed form if necessary.
 - There may be a fee, so be sure to call, email, or check the website for each institution prior to sending the transcript request form.

4. Mail or deliver to:
University of Mary Washington
Office of Admissions
121 University Blvd.
Fredericksburg, VA 22406-7239

Note: A faculty-initiated interview may be required. The Faculty Admission Committee will review your application with the following criteria in mind: knowledge of content in endorsement area, commitment to teaching, understanding of the responsibilities inherent to teaching, skills in communication, and potential for success in graduate school.

**Please call the Office of Admissions at 540/286-8088 or
email graduate@umw.edu with your questions.
Monday through Thursday, 8:30 a.m. - 6:30 p.m.; Friday, 8:30 a.m. - 5 p.m.**

UNIVERSITY OF MARY WASHINGTON

GRADUATE EDUCATION PROGRAMS
APPLICATION FOR ADMISSION

PLEASE TYPE OR PRINT in the information below and return this form with your \$50 non-refundable application fee to:

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406-7239
540/286-8088 • Fax: 540/286-8085 • Email: graduate@umw.edu

For the term beginning [] Fall [] Spring [] Summer Year _____

Education program you are applying for:

- [] Initial Teacher Licensure Only
[] Initial Teacher Licensure with M.Ed. Option
[] Master of Education for Licensed Teachers
[] Educational Leadership (M.Ed. or Graduate Certificate)
[] Graduate Education Certificate (Gifted Education, Literacy Specialist, Teaching ESL, Autism, Special Education)
[] Other _____

PERSONAL DATA

Legal Name _____
Enter name exactly as it appears on passports or other official documents. Last/Family First Middle (complete) Jr., etc.

Prefer to be called (nickname) _____ Former last name(s) if any _____

Email Address _____ Home Phone () _____
Area Code Number

Mailing Address _____ Work Phone () _____
Number and Street Area Code Number

City or Town _____ State _____ Country _____ Zip Code or Postal Code _____

Occupation _____ Employer _____

Citizenship: [] U.S. citizen [] Dual U.S. citizen; please specify other country of citizenship _____
[] U.S. Permanent Resident visa; citizen of _____
[] Other citizenship - Country: _____ Visa type: _____

All non-citizens are required to include documentation of their status with their application.

Do you wish to apply for Virginia in-state tuition (based on Virginia domicile?) [] Yes [] No

If yes, please state your Virginia city or county of residence. _____

If yes, include the completed Application for Virginia In-State Tuition Rates with your application for admission.

The following items are optional. Answers to these questions will not be used in a discriminatory manner.

Sex: [] Female [] Male Birth Date _____

Social Security Number (Excluding your social security number may delay the registration process) _____

If you wish to be identified with a particular race or ethnic group, please select the one that best describes you:

- [] African American, Black [] Asian or Pacific Islander [] White, Non-Hispanic
[] Native American, Alaska Native [] Hispanic or Latino [] Multi-racial

Are you Hispanic/Latino? [] Yes, Hispanic or Latino (including Spain) [] No Please describe your background _____

Regardless of your answer to the prior question, please select one or more of the following ethnicities that best describe you:

- [] American Indian or Alaska Native (including all Original Peoples of the Americas) Please describe your background _____
Are you Enrolled? [] Yes [] No Please enter Tribal Enrollment Number _____
[] Asian (including Indian subcontinent and Philippines) Please describe your background _____
[] Black or African American (including Africa and Caribbean) Please describe your background _____
[] Native Hawaiian or Other Pacific Islander (Original Peoples) Please describe your background _____
[] White (including Middle Eastern) Please describe your background _____

How did you first learn of University of Mary Washington?

- [] Newspaper [] Information Session [] Friend or Colleague [] Radio [] Other _____

GRADUATE EDUCATION PROGRAMS APPLICATION FOR ADMISSION

EDUCATION

Please mark your highest level of education:

- Bachelor's Degree Master's Degree Post Masters or Certificate Graduate, level unknown Doctorate

List the dates you plan to take PRAXIS I (Teacher Licensure candidates only): _____ Response Required

Or please provide a copy of your official PRAXIS I scores or qualifying SAT or ACT scores.

List all colleges and universities attended (full- or part-time) beginning with the current or most recent – including UMW.

Transcripts from all schools listed are required for admission.

College or University	Location-City/State	Dates of Attendance	Degree Earned	Name when enrolled

ENROLLMENT

Do you have a Virginia collegiate professional or graduate professional teaching license? Yes No

What endorsement? _____ Date license expires: _____

Provide evidence of teaching license on college/university transcript, letter from school system, or copy of license certificate.

I plan to be a: Part-time student Full-time student

Do you intend to use tuition assistance/reimbursement from your employer? Yes No

PROGRAM

A) INITIAL TEACHER LICENSURE WITH M.Ed.

INITIAL TEACHER LICENSURE ONLY

Please check below the endorsement you plan to pursue.

<input type="checkbox"/> Elementary <input type="checkbox"/> Middle Choose one from list: <input type="checkbox"/> English <input type="checkbox"/> History and Social Sciences <input type="checkbox"/> Mathematics <input type="checkbox"/> Science	<input type="checkbox"/> Secondary Select one from list: <input type="checkbox"/> Biology <input type="checkbox"/> English <input type="checkbox"/> Business and Information Technology <input type="checkbox"/> History and Social Sciences <input type="checkbox"/> Chemistry <input type="checkbox"/> Marketing <input type="checkbox"/> Computer Science <input type="checkbox"/> Mathematics <input type="checkbox"/> Earth Science <input type="checkbox"/> Physics	<input type="checkbox"/> Pre K-12 Select one from the list: <input type="checkbox"/> Art <input type="checkbox"/> ESL <input type="checkbox"/> Foreign Language _____ <small>specify language</small> <input type="checkbox"/> Music (Vocal/Choral or Instrumental) <input type="checkbox"/> K-12 Special Education <input type="checkbox"/> General Curriculum <input type="checkbox"/> Adapted Curriculum
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B) M.Ed. FOR LICENSED TEACHERS

<input type="checkbox"/> Diverse Student Populations	<input type="checkbox"/> ESL	<input type="checkbox"/> Special Education
<input type="checkbox"/> Literacy Specialist	<input type="checkbox"/> Secondary Mathematics	

C) EDUCATIONAL LEADERSHIP

<input type="checkbox"/> Master of Education	<input type="checkbox"/> Graduate Certificate
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D) CERTIFICATES FOR LICENSED TEACHERS

<input type="checkbox"/> Teaching English as a Second Language (ESL)	<input type="checkbox"/> Gifted Education
<input type="checkbox"/> Teaching Students with Autism	<input type="checkbox"/> Literacy Specialist

Have you ever applied to or attended UMW? Yes No
 Have you ever been convicted of a crime other than a traffic violation? Yes No
 Have you ever been convicted of a felony? Yes No
 Have you ever been convicted of a misdemeanor involving children or drugs? Yes No
 If yes, please attach an explanation.



UNIVERSITY OF MARY WASHINGTON

ESSAY QUESTIONS *Response should be two to three typed double-spaced pages for each essay.*

INITIAL TEACHER LICENSURE WITH M.Ed. OPTION

- Why are you seeking teaching credentials? Why do you feel qualified to teach the subject/grade level of the endorsement you seek?
- Discuss a current issue in education and why you think it is important. Support your stance on this issue.

M.Ed. FOR LICENSED TEACHERS AND CERTIFICATE APPLICANTS

- What do you hope to gain from the M.Ed. program? What contributions do you feel you can make to the program as a participant?
- Select a current instructional issue and discuss why you believe it is important. Support your stance on this issue.

EDUCATIONAL LEADERSHIP

- Discuss a current issue in education that you might face as an educational leader.
- Write a statement of purpose in which you discuss your current and future leadership goals. Include in your response background experiences (personal and professional) that helped prepare you for a career in this field.

Include a résumé (of no more than three typed pages) outlining your education and your paid and volunteer work experiences.

THE HONOR SYSTEM: A WAY OF LIFE AT UMW

The Honor System is fundamentally a code of personal integrity. It means that students of the University of Mary Washington accept the challenge to make their word of honor a pledge of absolute truthfulness in all matters that fall within the Honor Code. It is a commitment to a way of life characterized by loyalty to the highest ideals of individual and collective ethical responsibility. — Dr. Edward Alvey, Dean Emeritus

STATEMENT OF NON-DISCRIMINATION

The University of Mary Washington subscribes to the principles of equal opportunity and affirmative action. The University does not discriminate on the basis of race, color, religion, disability, national origin, political affiliation, marital status, sexual orientation, sex, or age in recruiting, admitting, and enrolling students or in hiring faculty and staff members. The University will not recognize or condone student, faculty, or staff organizations that discriminate in selecting members. Complaints of discrimination or questions should be directed to the AA/EEO Officer of the University.

COMMUNITY VALUES

Several elements contribute significantly to the fulfillment of the University's mission. One is the encouragement of, and respect for, individual and cultural diversity. The University also insists upon an atmosphere of civility

and tolerance consistent with the ideals of a community of scholars. Toward that end, the University embraces a statement of community values and expectations concerning the behavior of its members. This statement declares that:

The University of Mary Washington is an academic community dedicated to the highest standards of scholarship, personal integrity, responsible conduct, and respect for the individual. We hold among our foremost common values:

- *The importance of personal integrity as reflected in adherence to the Honor Code,*
- *The right of every individual to be treated with dignity and respect at all times,*
- *The acceptance of and respect for diversity in our community and adherence to the University's Statement of Non-Discrimination, and*
- *The freedom of intellectual inquiry in the pursuit of truth.*

As members of the University community, we refuse to tolerate behavior that in any way compromises or threatens these values.

PLEASE READ THE HONOR CONSTITUTION:

www.umw.edu/studentaffairs/umw_honor_system

UMW HONOR PLEDGE AND TERMS OF APPLICATION

I, as a student at the University of Mary Washington, do hereby accept the Honor System. I have read the information about the Honor System, understand it, and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying the facts. I acknowledge that, in support of the Honor System, it is my responsibility to report any violations of the Honor Code of which I am aware, and that it is my duty to participate as an honor trial juror if called upon to serve, unless officially excused.

I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable, and that such a violation could result in my permanent dismissal from the University. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

I have read and understand the expectations outlined in the "Statement of Community Values and Behavioral Expectations" and the "Statement of Non-Discrimination."

I understand that this application is subject to all terms and conditions, financial and otherwise, set forth in the current catalog and to all officially announced changes. I agree to accept all terms and conditions, financial and otherwise, which are in effect during the entire period of enrollment.

I also understand that I cannot be licensed to teach in the Commonwealth of Virginia if I have ever been convicted of a felony.

I certify that the information given in this application is correct to the best of my knowledge and belief. My signature below indicates that I accept the obligations and conditions of the Honor System.

I acknowledge responsibility for all tuition and fees resulting from my acceptance of an offer of admission to the University of Mary Washington.

Applicant's Signature _____ **Date** _____

IMPORTANT: *Please re-read this application and make sure that all blanks have been filled in. Incomplete forms will be returned and the processing of your application may be delayed.*



Application for Virginia In-State Tuition Rates

University of Mary Washington • Office of Admissions • 121 University Blvd. • Fredericksburg, Virginia 22406

Please submit this form to complete your Application for Admission if you are claiming entitlement to Virginia in-state tuition pursuant to section 23-7.4, Code of Virginia. Supporting documents and additional information may be requested. *All questions must be answered.*

Section A - Student Information

1) Name of applicant _____
Last First Middle

2) Social Security Number (Optional) _____ 3) Date of birth _____

4) Citizenship U.S. U.S. permanent resident Non-U.S. Please specify visa type _____ Exp. date _____ (Please provide copy of I-94)

5) How long have you lived in Virginia? _____ year(s) _____ month(s)

6) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address City State Zip code From To

7) Employment information for at least one year prior to the date for which in-state tuition rates are sought (If not employed, or if retired, please indicate.):

Street address City State Zip code From To

8) Do your parents/legal guardian provide 50% or more of your financial support or claim you as a tax dependent? Yes No

9) a.) If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile? Yes No
b.) If Yes, does your spouse provide over 50% of your financial support? Yes No

10) Do any of the following characteristics apply to you? Place a check beside all that apply.
 Age 24 or older as of the first day of the term in which you intend to enroll
 Veteran or active duty member of the U.S. Armed Forces
 Graduate or first-professional student
 Ward of the court or was a ward of the court until age 18
 If both parents are deceased, no adoptive or legal guardian
 Legal dependents other than a spouse

11) In the last tax year did you file a state return to any state other than Virginia? If yes, please explain: _____ Yes No

12) For at least one year immediately prior to the term in which you are claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? If no, please explain: _____ Yes No

13) Are you a registered voter in Virginia? Yes No
Date registered _____ Original _____ Re-registered _____

14) Do you hold a valid Virginia driver's license? Yes No
Date issued _____ Original _____ Renewal _____
If no, indicate your driver's license status:
Hold in another state _____ Not licensed _____

15) Did you own or operate a motor vehicle registered in Virginia during the last year? Yes No
If no, indicate registration status:
Registered in another state _____
Did NOT own or operate a motor vehicle _____

16) Are you or your spouse an active duty member of the U.S. armed forces? Yes No
If No, continue to Question 16.
If yes, who is a member? Self _____ Spouse _____
and answer the following:

a.) Are Virginia income taxes paid on all military income? Yes No
If yes, as of what date? _____
Where were you stationed on that date? _____
Please submit a copy of the most recent Leave and Earnings Statement.

b.) If you are in the military, or if your spouse is, are you assigned to a Permanent Duty Station in Virginia? Yes No
If yes, as of what date? _____
Where are you stationed? _____
Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing your relationship to the military member.

17) Answer this question only if you live outside Virginia but work in Virginia: Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, for at least one year prior to the term in which you will enroll? Yes No
If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.

I certify under penalty of disciplinary action that the information I have provided is true.

Signature of applicant

Date

Section B - Parent, legal guardian, or spouse

This section must be completed by the applicant's parent, legal guardian, or spouse, who during the last tax year claimed the applicant as a dependent, or who, for the twelve months immediately preceding the first day of classes, has provided more than half of the applicant's financial support

1) Name of parent legal guardian spouse _____

2) How long have you lived in Virginia? _____ year(s) _____ month(s)

3) Where have you lived, in the sense of physical presence, during the last two years? (List current address first.)

Street address City State Zip code From To

4) Employment information for at least one year prior to the date for which in-state tuition rates are sought (*If not employed, or if retired, please indicate.*):

Street address City State Zip code From To Full-time/part-time

- | | | | |
|---|--|--|--|
| <p>5) In the last tax year, did you file a state return to any state other than Virginia? <i>If yes, please explain:</i> _____
_____</p> <p>6) Will you have claimed the applicant as a dependent on your federal and Virginia income tax return for the tax year prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____</p> <p>7) Will you have provided more than half of the applicant's financial support for at least twelve months prior to the term in which the applicant will enroll? <i>If no, please explain:</i> _____</p> <p>8) For at least one year immediately prior to the term in which the applicant is claiming in-state status, will you have filed a tax return or paid income taxes to Virginia on all earned income? <i>If no, please explain:</i> _____</p> <p>9) Are you a registered voter in Virginia?
Date registered _____ Original _____ Re-registered _____
<i>If no, indicate your registration status:</i>
Registered in another state _____ Not registered _____</p> <p>10) Do you hold a valid Virginia driver's license?
Date issued _____ Original _____ Renewal _____
<i>If no, indicate your driver's license status:</i>
Hold in another state _____ Not licensed _____</p> <p>11) Did you own or operate a motor vehicle registered in Virginia during the last year?
<i>If no, indicate your auto registration status:</i>
Registered in another state _____
Did NOT own or operate a motor vehicle _____</p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> | <p>12) Are you or your spouse an active duty member of the U.S. armed forces? <input type="checkbox"/> <input type="checkbox"/></p> <p><i>If no, continue to Question 14.
If yes, who is a member? Self _____ Spouse _____
and answer the following:</i></p> <p>a.) Are Virginia income taxes paid on all military income? <input type="checkbox"/> <input type="checkbox"/>
<i>If yes, as of what date? _____
Where were you stationed on that date? _____
Please submit a copy of the most recent Leave and Earnings Statement.</i></p> <p>b.) Are you or your active-duty spouse assigned to a Permanent Duty Station in Virginia? <input type="checkbox"/> <input type="checkbox"/>
<i>If yes, as of what date? _____
Where are you stationed? _____
Please submit a copy of the military orders permanently assigning you or your spouse to this station AND a copy of the military ID card showing the applicant's relationship to the military member.</i></p> <p>13) Answer this question only if you live <i>outside</i> Virginia but work in Virginia:</p> <p>Will you have lived outside Virginia, been employed in Virginia, earned at least \$15,080, paid Virginia income taxes on all taxable income earned in this Commonwealth, and claimed the applicant as a dependent for federal and Virginia income tax purposes for at least one year prior to the term in which the applicant is claiming in-state status? <input type="checkbox"/> <input type="checkbox"/></p> <p><i>If yes, please submit verification of employment, including dates and salary, a copy of the most recent Virginia tax return, and a year-to-date pay stub.</i></p> | <p>Yes No</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p><input type="checkbox"/> <input type="checkbox"/></p> |
|---|--|--|--|

I certify that the information I have provided is true.

Signature of parent/guardian

Date

