Graduate Department of Education: Master of Arts in Teaching
Application Instructions

A Master of Arts in Teaching is for applicants interested in becoming a teacher who do not already have a teaching license or certificate.

APPLICATION REQUIREMENTS
For your application to be considered, please submit:

- Application for Admission and $50 non-refundable application fee
- Sealed, official transcripts from all degree-granting institutions
- Personal letter of introduction
- Two letters of recommendation (form provided by Marylhurst)
- Writing sample
- Official copies of NES Essential Academic Skills Test
- Fingerprint verification
- Resume with clearly stated career objective
- Admissions Interview

For detailed information on required materials, please see individual Application Element Instructions section

Send all materials to: Marylhurst University
Office of Admissions – Graduate Admissions
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261
Fax: 503.699.6320

Direct questions to: 503.699.6268 or 800.634.9982 ext. 6268
admissions@marylhurst.edu

APPLICATION DEADLINES
Initial review of applicant files begins March 1. Only complete applications are considered for full admission status. Applications received after this date are welcomed and will be reviewed on a case-by-case basis.

INTERNATIONAL APPLICANTS
Marylhurst University welcomes international applicants with appropriate academic background. There are also additional requirements specific to international applicants; for more information, please refer to the Admission of International Graduate Students, Proof of English Proficiency and Applicants with Foreign Transcripts sections of the Graduate Admissions catalog.

FINANCIAL AID
Financial aid is available for those who qualify. Financial aid applications are accepted year-round, but should be submitted at least 2 months before the first term begins. Applying earlier is recommended. Contact the Marylhurst Office of Financial Aid for more information at 503.699.6253 or email finaid@marylhurst.edu. Financial aid is not available for international students.

EQUAL OPPORTUNITY
Marylhurst University is committed to equal opportunity and equal treatment for all qualified individuals. The university will not discriminate against any person because of age, gender, color, race, national origin, religion, marital status, disability, veteran status, sexual orientation, or any other class protected by law.
APPLICATION ELEMENTS FOR MASTER OF ARTS IN TEACHING

PERSONAL LETTER OF INTRODUCTION
The Department of Education considers the personal letter of introduction to be an important part of your application. We are looking for applicants who represent both strong academic potential as well as a good match with the Education program intent and design. The personal letter is your opportunity to provide additional information about your background, interests, and aspirations. In your statement, describe your reasons for pursuing graduate study, state why the Education program at Marylhurst University is of interest to you, and describe your personal focus or interest.

RECOMMENDATIONS
Recommendations from two individuals acquainted with your potential for success in graduate studies are an important part of your application. Recommendation forms to provide to the persons writing the recommendations for you can be downloaded from the Marylhurst website. Recommendation letters should be mailed from the persons writing them directly to the Office of Admissions. Recommendations from faculty members are preferred. Applicants with substantial work experience may request professional recommendations. Recommendations from family members or personal acquaintances will not be accepted.

WRITING SAMPLE
We ask all MAT applicants to write comprehensive essays (1-2 pages per question) covering the following topics:
- Why do you want to be a teacher?
- What are the most important issues, other than funding, facing education/teachers and/or students?
- Write a letter to one of your teachers explaining what their influence means in your career choice.
  - Enclose one copy with your application. Consider mailing another copy to that teacher.

BASIC SKILLS TEST
Passing scores from either NES EAS must be sent directly from the testing agency to the Office of Admissions. Scores must be submitted prior to program acceptance. Passing scores are listed below:
- NES EAS – National Evaluation Series- Essential Academic Skills (or equivalent)
  - Subtest I: Reading; Subtest II: Writing; Subtest III: Mathematics
  - 220 per subtest; examinees must pass subtests I, II, and III to pass the test.
For more information on these tests, go to [http://www.orela.nesinc.com](http://www.orela.nesinc.com)

VERIFICATION OF FINGERPRINTS
Oregon law requires that student teachers must submit one fingerprint card for checking Oregon and Federal Bureau of Investigation criminal history records. This check is administered by the Teacher Standards and Practices Commission (TSPC) and requires a $59 processing fee payable to TSPC. When you submit your Application for Admission to Marylhurst University, the Office of Admissions will send you a fingerprinting packet along with detailed procedures for fulfilling this requirement. If you have any questions or would like to request paper forms be mailed, please contact the Graduate Admissions Specialist at 503.699.6268 or 800.634.9982, ext. 6268.

RESUME
Current resume, with clear career objectives and information about work and experience in education. Please include volunteer time and non-school work with children (daycare, coaching, camps, etc.)

ADMISSIONS INTERVIEW
After all material has been submitted, final candidates will be invited for a personal interview. Interviews may be conducted before NES or Praxis I scores are received. The interview will be conducted by members of the graduate faculty and professional educators. At this time, we will explore your ideas about the program and learn about your goals for study in the MAT program. You will be asked to complete a writing piece at the interview.
Graduate Department of Education
Application for Admission: Master of Arts in Teaching

Please include the $50 application fee by ☐ check/money order (enclosed) ☐ major credit card (below)

Credit Card # ____________________________ Expiration _______ Name ____________________________

**BIOGRAPHICAL INFORMATION (please print or type)**

1. Legal Name:                     ____________________________
   Last ____________________________________________
   First ____________________________________________
   Middle ____________________________________________

2. Preferred Name ____________________________

3. Please list all other names that may appear on transcripts: ____________________________

4. Address
   Street ____________________________________________
   City ____________________________________________
   State ____________________________________________
   Zip Code _________________________________________
   Phone: ____________________________ ☐ Home ☐ Work ☐ Cell
   Phone: ____________________________ ☐ Home ☐ Work ☐ Cell
   Email ____________________________
   Country: ____________________________

5. SSN: ____________________________ (Required for federal reporting)
   Date of Birth: ________________
   Sex: ☐ Female ☐ Male

6. Employer: ____________________________
   Type of Business: ____________________________

7. Have you previously attended Marylhurst? ☐ No ☐ Yes Under what name? ____________________________

8. Have you previously applied to a Marylhurst graduate program? ☐ No ☐ Yes Under what name? ____________________________

9. What other programs are you applying to? ____________________________

10. Residence Status (choose one)
    ☐ US citizen
    ☐ Non-US citizen
    Country of citizenship ____________________________
    ☐ US Permanent Resident

11. Race/Ethnicity Information
    (Complete for maximum scholarship consideration.)
    Are you Hispanic/Latino? ☐ Yes ☐ No
    Race (select one or more):  ☐ White
    ☐ Black/African-American
    ☐ Asian
    ☐ American Indian or Alaska Native
    ☐ Native Hawaiian or Other Pacific Islander

12. Is English your first language? ☐ Yes ☐ No

13. Military Service
    A. Are you a veteran? ☐ Yes ☐ No
    B. Are you a dependent of a veteran? ☐ Yes ☐ No

**EDUCATIONAL PLANS**

14. I am applying for admission to the Master of Arts in Teaching (MAT) program with a concentration (select one of the following authorization levels)
    ☐ Early Childhood/Elementary
    Grade level preference ____________________________
    ☐ Middle/High School
    Subject area ____________________________

15. I plan to start: ____________________________ (year)

16. I plan to attend:
    ☐ Full Time (9 or more credits per term)
    ☐ Part Time (5-8 credits per term)
Graduate Department of Education Application for Admission: 
Master of Arts in Teaching (MAT)

NAMES OF PERSONS WRITING RECOMMENDATIONS
Please have them use the provided forms and follow all instructions.
Name: ___________________________________________ Title/Occupation: _________________________________
Name: ___________________________________________ Title/Occupation: _________________________________

ACADEMIC BACKGROUND
Please list EVERY undergraduate and graduate institution that you have attended, beginning with the most recent. Use additional sheets, if necessary. Please arrange for official transcripts from all colleges/universities you have attended to be sent directly to the Marylhurst Office of Admissions. If you earned credit or degrees from Marylhurst University, please list below but do not order transcripts. If you are an international student, see instructions for International Applicants.

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<th>City/State</th>
<th>Number of Credits</th>
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BASIC SKILLS TEST SCORES (NES EAS or PRAXIS I etc)
Test_________________________________________ Dates Taken (or plan to take) __________________________

EMPLOYMENT
Name of Employer ____________________________ Position/Title ____________________________
Address __________________________________________________________
__________________________________________________________________________

SIGNATURE OF APPLICANT
I certify that the information given by me is complete and accurate, and that I have omitted no substantive information. I recognize that the University reserves the right to verify any information provided here. I also understand that any intentional misrepresentation may be cause for refusing admission or, if discovered after admission, suspension from Marylhurst University and the revoking of any degree granted.

__________________________________________
Signature

______________________________
Date
Letter of Recommendation: Master of Arts in Teaching (MAT)

TO THE MAT APPLICANT

• Please fill in your name and term for which you are applying.
• To waive or release your right to read the recommendation after it has been received by the university, sign the line (c) below. If you wish to have access to the recommendation, leave the signature line (c) blank.
• Fill in the name of the person making recommendation on line (d) below.
• This form and recommendation letter should be sent to the Office of Admissions directly by the person making the recommendation.

CONFIDENTIAL STATEMENT CONCERNING

(a) ____________________________________________________________

Applicant: First Name

Middle Name

Last Name

APPLYING FOR ADMISSION TO: Master of Arts in Teaching

(b) Anticipate term of entrance into the program: Term: ________ Year: ________

I understand that this recommendation will be used only for admission and financial aid decisions, and I hereby waive my right to access to the recommendations. By leaving this line UNSIGNED, I retain my right to read this recommendation.

THIS SECTION TO BE FILLED IN BY THE APPLICANT AND GIVEN TO THE PERSON MAKING RECOMMENDATIONS. Please print or type.

(c)

Applicant Signature ____________________________ Date ____________ Social Security Number ____________________________

(d)

Name of Person Making Recommendation ____________________________ Complete Mailing Address ____________________________

Position or Title ____________________________ City ____________________________

Organization ____________________________ State Zip Code Telephone with Area Code ____________________________

TO THE WRITER OF THIS RECOMMENDATION

Please attach a letter addressing points listed on the next page. Enclose this form with your letter in a sealed envelope with your name signed across the seal. If you do not know the student well enough to write a recommendation, please check here: ____________

If this waiver is signed by the applicant, the student MAY NOT read this recommendation and it will be retained in confidence by the University.

Please return the recommendation to: Graduate Admissions

Marylhurst University

17600 Pacific Hwy.
P.O. Box 261

Marylhurst, OR 97036-0261
What is your estimate of the applicant’s promise as a graduate student? In your opinion, are there factors that may not be reflected in the applicant’s scholastic or employment record, including aspects of character and personality, which bear on the applicant’s ability to succeed in graduate studies and subsequent career or profession?

Please write a letter commenting on the strengths and weaknesses of the candidate, specifically addressing the following points:

- Overall qualifications
- Intellectual ability
- Motivation
- Analytical ability
- Ability to work well with others
- Ability in oral expression
- Ability in written expression
- Independent study and research
- Creativity
- Self-confidence
- Leadership

• Overall, would you recommend the applicant be admitted to Marylhurst University?

☐ Highly Recommend ☐ Recommend ☐ Recommend With Reservations ☐ Do Not Recommend

• Telephone contact ☐ I would ☐ I would not be willing to respond to additional questions by telephone.

Telephone Number(s) ________________________________

______________________________ __________________________
Recommender’s Signature Date

• Please attach your letter to this form and send it to the Office of Admissions at Marylhurst University
Letter of Recommendation: Master of Arts in Teaching (MAT)

TO THE MAT APPLICANT

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CONFIDENTIAL STATEMENT CONCERNING

(e) ____________________________________________

Applicant: First Name         Middle Name         Last Name

APPLYING FOR ADMISSION TO: Master of Arts in Teaching

(f) Anticipate term of entrance into the program: Term: ________ Year: ________

I understand that this recommendation will be used only for admission and financial aid decisions, and I hereby waive my right to access to the recommendations. By leaving this line UNSIGNED, I retain my right to read this recommendation.

THIS SECTION TO BE FILLED IN BY THE APPLICANT AND GIVEN TO THE PERSON MAKING RECOMMENDATIONS. Please print or type.

(g) ________________________________ ________________________________ ______________

Applicant Signature         Date                     Social Security Number

(h) ________________________________ __________________________________________

Name of Person Making Recommendation         Complete Mailing Address

________________________________________ ________________________________ ______________

Position or Title         City                     State       Zip Code       Telephone with Area Code

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Marylhurst University
17600 Pacific Hwy.
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Marylhurst, OR 97036-0261

05/2013
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☐ Highly Recommend    ☐ Recommend    ☐ Recommend With Reservations    ☐ Do Not Recommend

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Telephone Number(s)  

Recommender’s Signature ___________________________  Date ___________________________

• Please attach your letter to this form and send it to the Office of Admissions at Marylhurst University