Graduate Department of Education: Master of Education

APPLICATION INSTRUCTIONS
A Master in Education is for experienced teachers, who already hold a teaching license, seeking advanced professional development, and/or for those who are interested in an advanced academic degree in the field of education.

APPLICATION REQUIREMENTS

For your application to be considered, please submit:

- Application for Admissions and $50 non-refundable application fee
- Sealed, official transcripts from all degree-granting institutions
- Personal letter of introduction
- Two references (form provided by Marylhurst)
- Writing sample
- Resume with clearly stated career objectives
- Admissions interview

If adding Endorsements you will also need to submit:

- Copy of current Teaching license
- A new PA-1 form which can be obtained at http://www.oregon.gov/TSPC/

If choosing the Teacher Leadership concentration you will also need to submit:

- Personal Narrative

For detailed information on required materials, please see Application Elements 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
All applications are reviewed during the month submitted. Notification will be within 30 days of a complete application.

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. Questions about the requirements and process of admissions for international applicants can be directed to the International Admissions Counselor, Brenda Jones at 503.699.6268 or at bjoness@marylhurst.edu.

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 EDUCATION (M.Ed.)

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.

REFERENCES
References from two individuals acquainted with your potential for success in graduate studies are an important part of your application. This packet of materials includes reference forms for you to provide to persons writing references for you. Reference letters should be mailed from the persons writing them directly to the Office of Admissions. References from faculty members are preferred. Applicants with substantial work experience may request professional references. References from family members or personal acquaintances should not be sent.

WRITING SAMPLE
We ask all M.Ed. applicants to write a comprehensive essay (1-2 pages per question) covering the following topics:

- How will this degree serve your professional goals?
- What are the most important issues, other than funding, facing education/teachers and/or students?

RESUME
All M.Ed. applicants must submit a detailed, current resume with clear career objectives and information about work in education.

PERSONAL NARRATIVE (Teacher Leadership concentration only)

- A personal narrative describing experiences, achievements, and involvement in school or district leadership in the areas of instructional improvement, curriculum development, and school change as well as personal aspirations for future work.
- Supporting documents to show the scope and progress of your work. These might include position descriptions, project documents with explanation of your role, grade level, or department leadership roles with explanation.

TEACHING LICENSE (Endorsements concentration only)
Copy of current teaching license: Please provide a copy of your license or indicate on the application that your license is on file with the Teacher Standards and Practices Commission of Oregon and the Office of Admissions will check with TSPC.

PA-1 FORM (Endorsements concentration only)
Completed Student Teaching or Practicum Report (PA-1 Form): A new PA-1 form is requested by the Teacher Standards and Practices Commission (TSPC). If you have a license you have most likely filled one out when you submitted your fingerprints for verification. No fingerprint verification is needed but TSPC does require a current PA-1 form. You can download the form from TSPC’s website: [http://www.oregon.gov/TSPC/] > Online Services> Forms > Student Teaching or Practicum Report (PA-1).

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.
Graduate Department of Education Application for Admission:
Master of Education Program (M.Ed.)

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: ____________________________ ____________________________ ____________________________

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 Education (M.Ed.) program with a concentration :
    ☐ Reading
    ☐ English as a Second or Other Language (ESOL)
    ☐ Teacher Leadership
    ☐ Professional Education

15. I plan to start: _____________ Year
    ☐ Fall ☐ Winter ☐ Spring ☐ Summer Term

16. I plan to attend:
    ☐ Full Time (9 or more credits per term)
    ☐ Part Time (5-8 credits per term)

02/2012
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.

<table>
<thead>
<tr>
<th>Colleges &amp; Universities Attended</th>
<th>Dates Attended</th>
<th>City/State</th>
<th>Number of Credits</th>
<th>Semester or Quarter?</th>
<th>Degree &amp; Year</th>
<th>Cumulative GPA</th>
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</tbody>
</table>

EMPLOYMENT

Name of Employer __________________________________ Position/Title ____________________________

Address ____________________________________________

CURRENT TEACHING LICENSE

☐ I do not have an Oregon Teaching License

☐ My license is on file with the Teacher Standards and Practices Commission of Oregon

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.

__________________________________________ Date 02/2012
Confidential Recommendation Form
Graduate Department of Education – Master of Education (M.Ed.)

TO THE 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 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

(b) APPLYING FOR ADMISSION TO M.Ed. (Master of Education) program

(c) 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.

(d) ___________________________________________
Applicant Signature

Date ________________________ Social Security Number ________________________

(e) ___________________________________________
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

We would appreciate a statement from you about the applicant named above. If you would prefer to write a separate letter, please attach it to this form, and sign the form at the bottom. 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.
THIS PAGE TO BE COMPLETED BY THE WRITER OF THIS REFERENCE:

1. How long have you known the applicant? ________________________ In what capacity? ________________________

If this reference is being completed by an employer or other professional colleague, describe the nature of the applicant’s position:

________________________________________________________________________

2. As compared to your understanding of a college or university graduate, rate the applicant on the qualities listed below:

<table>
<thead>
<tr>
<th>Overall Qualifications</th>
<th>Outstanding</th>
<th>Above Avg</th>
<th>Average</th>
<th>Below Avg</th>
<th>No Basis for Judgment</th>
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</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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</table>

3. Reference Summary for: ____________________________________________________________

   Applicant’s Name

☐ I Strongly Recommend   ☐ I Recommend   ☐ I Recommend with Reservations   ☐ I Do Not Recommend

4. Telephone Contact ☐ I would ☐ I would not be willing to respond to additional questions by telephone.

   Telephone Number(s) ____________________________________________________________

________________________________________________________________________

Recommender’s Signature ________________________ Date ________________________

Please return the recommendation to:

Graduate Admissions
Marylhurst University
17600 Pacific Hwy. (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261
Confidential Recommendation Form
Graduate Department of Education – Master of Education (M.Ed.)

TO THE APPLICANT
• Please fill in your name and term for which you are applying.
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• This form should be sent to the Office of Admissions directly by the person making the recommendation.

CONFIDENTIAL STATEMENT CONCERNING

(f) ____________________________________________  Middle Name  Last Name

(g) APPLYING FOR ADMISSION TO M.Ed. (Master of Education) program

(h) 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.

(i) ____________________________________________  Date  Social Security Number

(j) ____________________________________________  Complete Mailing Address

Position or Title

Organization

State  Zip Code  Telephone with Area Code

TO THE WRITER OF THIS RECOMMENDATION
We would appreciate a statement from you about the applicant named above. If you would prefer to write a separate letter, please attach it to this form, and sign the form at the bottom. 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.
THIS PAGE TO BE COMPLETED BY THE WRITER OF THIS REFERENCE:

5. How long have you known the applicant? __________________ In what capacity? __________________

If this reference is being completed by an employer or other professional colleague, describe the nature of the applicant’s position:

____________________________________________________________________________________

6. As compared to your understanding of a college or university graduate, rate the applicant on the qualities listed below:

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7. Reference Summary for: ________________________________

I Strongly Recommend  I Recommend  I Recommend with Reservations  I Do Not Recommend

8. Telephone Contact  I would  I would not be willing to respond to additional questions by telephone.

Telephone Number(s) ________________________________________________

__________________________  ____________________
Recommender’s Signature    Date

Please return the recommendation to:

Graduate Admissions
Marylhurst University
17600 Pacific Hwy. (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261
Measles Immunization Form
Undergraduate and Graduate Students

This documentation is required for entering full-time, on-campus students. For undergraduate students, full-time is 12 credits per term, and for graduate students, full-time is 9 credits per term. Please see the Marylhurst University Immunization Policy for further information about this policy. Dates of immunization accompanied by the student signature will be accepted as evidence.

Name: ___________________________ ___________________________ ___________________________
Last First Middle Maiden Name

Address: ___________________________ ___________________________ ___________________________
Street City State Zip Code

Phone: ___________________________ □ Home □ Work □ Cell Student ID or Social Security # ________________

VACCINE HISTORY (check one only):

□ I have had two doses of measles vaccine at least 30 days apart. The first dose was at or after the age of 12 months.

First Dose Date ______________ Second Dose Date ________________

□ I have had two doses of measles vaccine, but do not know the date of the first immunization. I had my second measles immunization on or after December 1989.

Second Dose Date __________________

□ I am exempt from the measles vaccination requirement because (check one):

□ I was born before January 1, 1957.

□ I plan to be part-time (less than 12 credits for undergraduate and less than 9 credits for graduate students), or to take online coursework.

□ A measles (rubella) titer report is attached, indicating I am immune to measles.

□ A signed physician statement is attached, indicating I had the measles (rubella) and the date of the infection.

□ A signed physician statement is attached verifying I have a medical reason for not receiving the immunization.

□ My religious beliefs prohibit my use of the immunization.

SIGNATURE REQUIREMENT
I certify that the above information is true and complete by the best of my knowledge

__________________________________________  ___________________________
Signature Date
Marylhurst University Immunization Policy

In order to comply with Oregon law regarding a second measles vaccination for college students, Marylhurst University has developed the following policy:

Every full-time, on-campus* student at Marylhurst University who was born on or after January 1, 1957, must provide the school with evidence of having received two doses of measles vaccine on or after his/her first birthday with a minimum of 30 days between doses. If month and year of first vaccine are not available, documentation of the second dose after December 1, 1989, must be provided. The dates must be accompanied by the student’s signature.

*Full-time students are defined as students taking 12 or more quarter credits at the undergraduate level or 9 or more quarter credits at the graduate level as defined by Federal Financial Aid regulations. On-campus students are those taking a minimum of 50% of these credits in an on-campus, face-to-face format. Full-time status is determined based on student-reported intentions at the time of application for admission. Non-degree seeking students are not eligible for financial aid and are not expected to take a full-time course load.

EXCEPTIONS TO THIS POLICY

1. Student provides documentation of adequate measles (rubella) titer.
2. Student provides documentation of having had the disease. This must be signed by a physician, nurse practitioner, physician assistant, or registered nurse working under the direction of an M.D. or D.O.
3. Student provides physician documentation of a medical condition which prevents individual from using vaccine.
4. Religious beliefs of student prohibit immunization.

This policy was created and put into effect beginning September 1, 2000. It was updated to provide an additional exception for part-time and online students on May 1, 2007. All students entering on or after this date who do not meet one of the above exceptions must provide evidence of immunization in order to be allowed to register for classes.

PROCEDURE

Marylhurst University will use the following procedure to assure compliance:

1. Each entering student will be required to present documentation of immunization or legitimate exemption to the Office of Admissions prior to registration. This documentation is to be signed by the student.
2. Students who are required to provide proof of vaccination against measles who do not submit a written documentation of immunization or documentation of exemption statement will be not be admitted to the University until they are in compliance.