



MASTER OF ARTS

INTERDISCIPLINARY STUDIES

APPLICATION FOR ADMISSION

MARYLHURST UNIVERSITY

MARYLHURST UNIVERSITY

APPLICATION INSTRUCTIONS MASTER OF ARTS • INTERDISCIPLINARY STUDIES



PART I: THE APPLICATION PROCESS AND REQUIRED MATERIALS

Please send:

- MAIS application and \$40 application fee
- Official transcripts from degree-granting institutions, and any graduate schools you have attended
- Personal letter of introduction
- Two references (please use enclosed reference forms, which are to be sent directly by the person writing)
- Writing sample

To: Marylhurst University
Office of Admissions
ATTN: MAIS Admissions
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261

Applications for admissions are accepted each term. After all materials are received, be sure to allow several weeks for the application to be processed.

PRE-ADMISSION INTERVIEW

After all material has been reviewed by the application committee, top candidates will be invited for a personal interview. The final admissions interview will take place with members of the graduate faculty. At this time we will explore your ideas about the program and learn more about your goals for study in the MAIS program.

For more information, please contact:

Admission Specialist
Office of Admissions
503.699.6268
800.634.9982, ext. 6268
admissions@marylhurst.edu

PART II: APPLICATION ELEMENTS

PERSONAL LETTER OF INTRODUCTION

The MAIS program 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 MAIS 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 MAIS 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

The MAIS program is interested in creative, passionate individuals who demonstrate a commitment to interdisciplinary scholarship. As such, we ask for a scholarly writing sample from each applicant. For this paper, please write about a topic that reflects your personal interests and relates to the graduate concentration for which you are applying. Please choose an issue or idea that is important to you.

We ask all applicants to write their paper based on the following guidelines:

- establish a position (a point of view or “thesis”); develop and support it; and reach a conclusion
- limit the paper to 5 to 7 pages in length
- cite your sources using a consistent citation style from the Modern Language Association (MLA) or the American Psychological Association (APA)
- include a Reference List or List of Works Cited at the end of your paper

PART III: RELATED INFORMATION

COURSE SCHEDULING

Courses in the MAIS program are scheduled primarily one evening a week, with several offerings each term available in the afternoon.

FINANCIAL AID

Students who are unable to pay for all of their educational expenses are often eligible for some type of financial aid. All students are encouraged to apply for financial aid if they need financial assistance. Financial aid applications are accepted at any time of the year, but you should begin applying for financial aid **at least 2 months** ahead of when you register. **Earlier application is recommended.**

Students applying to the MAIS program are not eligible for financial aid until they have been admitted to the program. Admission decisions cannot be made until all application material has been submitted and reviewed by the MAIS Department. Students should not plan to begin any coursework funded by financial aid until the term of their admittance.

For more information, or to request a financial aid packet, please contact:

Financial Aid Office
503.699.6253
800.634.9982, ext. 6253

or email finaid@marylhurst.edu

TAKING COURSES PRIOR TO ADMISSION OR AS A NON-DEGREE STUDENT

We invite you to participate in up to one quarter of MAIS courses without being formally admitted to the program. We believe that this opportunity allows potential students to try out the program, its content, and purpose before formally applying. It also allows students who are interested in a particular course, but not in the whole program, to take advantage of the wonderful learning opportunities.

Please note that you must have completed a bachelor's degree and received prior approval from the Chair before registering for any MAIS course. If you are interested in enrolling in a course prior to admission, please contact the Chair of MAIS at 503.636.8141, ext. 3338.

MARYLHURST UNIVERSITY

APPLICATION FOR ADMISSION MASTER OF ARTS • INTERDISCIPLINARY STUDIES

Please submit this form, including an \$40 application fee to the Office of Admissions.
Make checks payable to Marylhurst University.



I am applying for admission to the MAIS program with a concentration in (check one)

- Gerontology Gerontology Certificate only
 Liberal Arts
 Organizational Communication
 Spiritual Traditions and Ethics

Name (first, middle initial, last) _____

Please list all names that may appear on your transcripts.

Address _____

City _____ State _____ Zip _____

Telephone (home) _____ Telephone (work) _____

Email Address _____

I prefer to be contacted at: home work email

Date of Birth _____

Social Security Number _____

If you choose not to supply a SSN, a student identification number will be assigned.

If you received information from Marylhurst via mail, you may already have an assigned number.

U.S. Citizen? Yes No

If no, what country? _____

Visa Status _____

COLLEGES AND UNIVERSITIES ATTENDED

Please list below EVERY undergraduate and graduate institution that you have ever attended, beginning with the most recent. Use additional sheets, if necessary.

Please arrange for official transcripts from the schools that granted your BACHELOR'S DEGREE and any GRADUATE COURSEWORK to be sent directly to the Marylhurst Office of Admissions. Unofficial or student copies are not acceptable. Transcripts that are not in English must be accompanied by an OFFICIAL English translation. If you are an international student, include any English language studies. The University reserves the right to contact former schools to validate academic information.

EDUCATIONAL INFORMATION

School from which you received your BACHELOR'S DEGREE:

Name of School _____

City _____ State _____ Country _____

Year of graduation _____

Degree: (B.A., B.S., etc.) _____ Major _____ GPA _____

School at which you have done any GRADUATE work:

Name of School _____

City _____ State _____ Country _____

Were you an admitted graduate student? _____

Year of graduation _____

Degree: _____ Major _____ GPA _____

School at which you have done any GRADUATE work:

Name of School _____

City _____ State _____ Country _____

Were you an admitted graduate student? _____

Year of graduation _____

Degree: _____ Major _____ GPA _____

School at which you have done any GRADUATE work:

Name of School _____

City _____ State _____ Country _____

Were you an admitted graduate student? _____

Year of graduation _____

Degree: _____ Major _____ GPA _____

EMPLOYMENT

Name of Employer _____ Position/Title _____

Address _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Telephone (home) _____ Telephone (work) _____

NAMES OF PERSONS WRITING REFERENCES

Name _____

Name _____

OTHER INFORMATION REQUESTED

Have you previously applied to a Marylhurst graduate program? No Yes Term

The following have no bearing on your admission to the program, but are asked for purposes of program planning and course scheduling.

How many credit hours do you plan to take per term? _____

Do you intend to apply for financial aid? _____

NOTE: Financial aid eligibility depends on the number of credits for which you register. Please contact the Marylhurst University Financial Aid Office, 503.699.6253, finaid@marylhurst.edu, for further information.

Will you receive tuition reimbursement from your employer? _____

Which of the following course formats would you use? Please check all that apply:

Afternoon Evening Morning Web-based classroom (online)

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 _____

If you have a specific disability that qualifies you for academic adjustments and/or auxiliary aids, please contact the Coordinator for Disability and Student Services at 503.636.8141, ext. 3344, or 800.634.9982, ext. 3344, or TTY 503.699.6301, or email adaservices@marylhurst.edu

MARYLHURST UNIVERSITY
 MASTER OF ARTS • INTERDISCIPLINARY STUDIES
 17600 PACIFIC HIGHWAY (HWY. 43) P.O. BOX 261
 MARYLHURST, OR 97036-0261



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 reference on line (d) below. This form should be sent to the Office of Admissions directly by the person making the reference.

CONFIDENTIAL STATEMENT CONCERNING

(a) _____
Applicant: First Name Middle Name Last Name

GRADUATE DEGREE SOUGHT

(b) Master in Arts in Interdisciplinary Studies

Anticipated 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 reference.

(c) _____
Applicant Signature Date Social Security Number

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

(d) _____
Name of Person Making Reference Complete Mailing Address

Position or Title

City

Organization

State Zip Code Telephone with Area Code

TO THE WRITER OF THIS REFERENCE

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; complete items 2, 3, 4, and 5 on the reverse, and sign the form at the bottom. If you do not know the student well enough to give 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.

1. What is your estimate of the applicant's promise as a graduate student? Please comment on the applicant's –
- academic strengths and weaknesses and potential for independent study and research;
 - accomplishments and motivation, intellectual independence, and ability to organize and express ideas clearly in writing and in oral communication; and
 - ability and aptitude for working with others in a group or team arrangement.

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, that bear on the applicant's ability to succeed in graduate studies and subsequent career or profession?

2. 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:

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

	Outstanding	Above Average	Average	Below Average	No Basis for Judgment
Overall qualifications	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Analytical ability	_____	_____	_____	_____	_____
Ability to work well with others	_____	_____	_____	_____	_____
Ability in oral expression	_____	_____	_____	_____	_____
Ability in written expression	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____

4. Recommendation summary for: _____
Applicant's Name

_____ I strongly recommend _____ I recommend with reservations

_____ I recommend _____ I do not recommend

that this applicant be admitted to the Marylhurst University Interdisciplinary Studies Master of Arts Program.

5. 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 statement to: Graduate Admissions – Master of Arts in Interdisciplinary Studies
 Office of Admissions
 Marylhurst University
 P.O. Box 261
 Marylhurst, OR 97036-0261

MARYLHURST UNIVERSITY
MASTER OF ARTS • INTERDISCIPLINARY STUDIES
17600 PACIFIC HIGHWAY (HWY. 43) P.O. BOX 261
MARYLHURST, OR 97036-0261



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 reference on line (d) below. This form should be sent to the Office of Admissions directly by the person making the reference.

CONFIDENTIAL STATEMENT CONCERNING

(a) _____
Applicant: First Name Middle Name Last Name

GRADUATE DEGREE SOUGHT

(b) Master in Arts in Interdisciplinary Studies

Anticipated 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 reference.

(c) _____
Applicant Signature Date Social Security Number

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

(d) _____
Name of Person Making Reference Complete Mailing Address

Position or Title City

Organization State Zip Code Telephone with Area Code

TO THE WRITER OF THIS REFERENCE

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; complete items 2, 3, 4, and 5 on the reverse, and sign the form at the bottom. If you do not know the student well enough to give 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.

1. What is your estimate of the applicant's promise as a graduate student? Please comment on the applicant's –
- academic strengths and weaknesses and potential for independent study and research;
 - accomplishments and motivation, intellectual independence, and ability to organize and express ideas clearly in writing and in oral communication; and
 - ability and aptitude for working with others in a group or team arrangement.

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, that bear on the applicant's ability to succeed in graduate studies and subsequent career or profession?

2. 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:

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

	Outstanding	Above Average	Average	Below Average	No Basis for Judgment
Overall qualifications	_____	_____	_____	_____	_____
Intellectual ability	_____	_____	_____	_____	_____
Motivation	_____	_____	_____	_____	_____
Analytical ability	_____	_____	_____	_____	_____
Ability to work well with others	_____	_____	_____	_____	_____
Ability in oral expression	_____	_____	_____	_____	_____
Ability in written expression	_____	_____	_____	_____	_____
Creativity	_____	_____	_____	_____	_____
Self-confidence	_____	_____	_____	_____	_____
Leadership	_____	_____	_____	_____	_____

4. Recommendation summary for: _____
Applicant's Name

_____ I strongly recommend _____ I recommend with reservations

_____ I recommend _____ I do not recommend

that this applicant be admitted to the Marylhurst University Interdisciplinary Studies Master of Arts Program.

5. 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 statement to: Graduate Admissions – Master of Arts in Interdisciplinary Studies
 Office of Admissions
 Marylhurst University
 P.O. Box 261
 Marylhurst, OR 97036-0261