Graduate Department of Interdisciplinary Studies
Master of Arts in Interdisciplinary Studies (MAIS)
Post-Graduate Certificate in Gerontology

APPLICATION INSTRUCTIONS

REQUIRED MATERIALS
- Marylhurst University Application to the Graduate Department of Interdisciplinary Studies
- Non-refundable $50 application fee
- Official sealed transcripts from all colleges and universities attended
- Personal letter of introduction
- Writing sample
- Two references

For detailed information on required materials, please see 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 AND POLICIES
Applications for admissions are only accepted for Fall & Spring term. After all admission materials are received, be sure to allow four to 6 weeks for processing.

After all material has been reviewed by the application committee, selected candidates will be invited for a personal interview with members of the graduate faculty. The interview covers your purpose for pursuing a graduate degree and your goals for study in the MAIS program.

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 status protected by law.

06/2011
COURSE SCHEDULING
Courses in the MAIS program are scheduled once a week in the afternoon or evening; online; or on weekends.

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 this learning opportunity.

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.

APPLICATION ELEMENT INSTRUCTIONS

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 and why the MAIS program at Marylhurst University is of interest to you.

WRITING SAMPLE
Please demonstrate your current scholarly ability, preferably related to the area(s) of study you wish to pursue in MAIS. Writing samples are reviewed by MAIS faculty to determine the applicant's potential to be successful in this interdisciplinary graduate program.

The following criteria are used to assess the writing sample:
- The paper is 7-10 pages in length.
- A “thesis” (or claim) is developed and supported by adequate use of reliable sources.
- Critical or complex thought has been used to address an issue or solve a problem.
- The argument is well organized, and well articulated.
- Sources are acknowledged in the text, using a consistent citation style from the Modern Language Association (MLA) or the American Psychological Association (APA).
- A properly formatted Reference or Works Cited list appears at the end of the paper.

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 the person 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.
Graduate Department of Interdisciplinary Studies
Application for Admission

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
    ☐ 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

14. Program you are applying to:
    **DEPARTMENT OF INTERDISCIPLINARY STUDIES**

    Master of Arts Degree
    ☐ Master of Arts in Interdisciplinary Studies
    - or -
    Post-Graduate Certificate
    ☐ Certificate in Gerontology

15. I plan to start classes in:
    ☐ Fall
    ☐ Spring

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

10/2011
Graduate Department of Interdisciplinary Studies  
Application for Admission

☐ I am applying for admission to the Master of Arts in Interdisciplinary Studies (MAIS) program with a concentration in:

☐ Gerontology  ☐ Liberal Arts  ☐ Organizational Communication  ☐ Spiritual Traditions and Ethics

☐ I am applying for admission to the Gerontology Certificate program only.

NAMES OF PERSONS WRITING REFERENCES

Name: ___________________________________________  Title/Occupation ___________________________________________

Name: ___________________________________________  Title/Occupation ___________________________________________

ACADEMIC BACKGROUND

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 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 us below but do not order transcripts. If you are an international student, see instructions for International Applicants.

<table>
<thead>
<tr>
<th>School Name</th>
<th>City/State</th>
<th>Year of Graduation</th>
<th>Degree</th>
<th>Major</th>
<th>GPA</th>
</tr>
</thead>
</table>

OTHER INFORMATION REQUESTED

The following have no bearing on your application, but are asked for program planning and course scheduling.

Credit hours you plan to take per term? ________________  Which of the following course formats would you use?

Will you receive tuition reimbursement from your employer?  ☐ Yes  ☐ No  (Please check all that apply)

☐ Weekend  ☐ Afternoon

☐ Evening  ☐ Online (web-based classroom)

Do you intend to apply for financial aid?  ☐ Yes  ☐ No

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 __________________________

06/2011
Confidential Recommendation Form
Graduate Department of Interdisciplinary Studies

THIS PAGE TO BE COMPLETED BY THE APPLICANT

DIRECTIONS FOR THE APPLICANT

• Please fill in your name (a) and term for which you are applying (b).

• To waive or release your right to read the recommendation after it has been received by the University, sign on 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, and give that person the entire form.

CONFIDENTIAL STATEMENT CONCERNING

a. Applicant: First Name ___________________________ Middle Name ___________________________ Last Name ___________________________

GRADUATE DEGREE SOUGHT

b. □ Master of Arts in Interdisciplinary Studies (MAIS) □ Graduate Certificate in Gerontology

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 _______ Date of Birth _______

_____________________________ Address ___________________________ City ___________________________ State _______ Zip-Code __________

d. Name of Person Making Reference ___________________________

_____________________________ Address ___________________________ City ___________________________ State _______ Zip-Code __________

_____________________________ Position or Title ___________________________ Organization ___________________________

This form should be sent to the Office of Admissions directly by the person making the reference.
THIS PAGE TO BE COMPLETED BY THE WRITER OF THIS REFERENCE:

DIRECTIONS FOR THE PERSON GIVING THE REFERENCE
If the waiver on page 1 of this form is signed by the applicant, the student MAY NOT read this recommendation and it will be retained in confidence by the University.

Please attach your letter of recommendation to this form; complete items 2, 3, 4 and 5; and sign the form at the bottom. If you do not know the student well enough to give a recommendation, please check here: ____________

REFERENCE QUESTIONS
1. Letter of Recommendation: What is your estimation of the applicant's promise as a graduate student? How would you describe the applicant's academic strengths and weaknesses, experience and/or ability to work in groups, and potential for independent study, research, and writing? 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?

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:

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Intellectual Ability</td>
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<tr>
<td>Motivation</td>
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<tr>
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</tr>
<tr>
<td>Self-Confidence</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Recommendation Summary for: _____________________________________________

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

Recommender’s Signature _______________________________ Date ________________

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

Telephone Number(s) __________________________________________________________

Please return form and letter of recommendation to:
Graduate Admissions – MAIS
Marylhurst University
17600 Pacific Hwy. / P.O. Box 261
Marylhurst, OR 97036
Confidential Recommendation Form
Graduate Department of Interdisciplinary Studies

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DIRECTIONS FOR THE APPLICANT

• Please fill in your name (a) and term for which you are applying (b).

• To waive or release your right to read the recommendation after it has been received by the University, sign on 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, and give that person the entire form.

CONFIDENTIAL STATEMENT CONCERNING

a. ____________________________________________  Middle Name  Last Name

GRADUATE DEGREE SOUGHT

b.  □ Master of Arts in Interdisciplinary Studies (MAIS)  □ Graduate Certificate in Gerontology

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 UNSIGNEED, I retain my right to read this reference.

c. ____________________________________________  Date  Date of Birth

Address  City  State  Zip-Code

d. ____________________________________________

Name of Person Making Reference

Address  City  State  Zip-Code

Position or Title  Organization

This form should be sent to the Office of Admissions directly by the person making the reference.
THIS PAGE TO BE COMPLETED BY THE WRITER OF THIS REFERENCE:

DIRECTIONS FOR THE PERSON GIVING THE REFERENCE

If the waiver on page 1 of this form is signed by the applicant, the student MAY NOT read this recommendation and it will be retained in confidence by the University.

Please attach your letter of recommendation to this form; complete items 2, 3, 4 and 5; and sign the form at the bottom. If you do not know the student well enough to give a recommendation, please check here: ________________

REFERENCE QUESTIONS

1. Letter of Recommendation: What is your estimation of the applicant’s promise as a graduate student? How would you describe the applicant’s academic strengths and weaknesses, experience and/or ability to work in groups, and potential for independent study, research, and writing? 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?

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:

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4. Recommendation Summary for: ____________________________________________

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

_________________________ ____________________________
Recommender’s Signature Date

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

Telephone Number(s) _______________________________________________________

Please return form and letter of recommendation to:

Graduate Admissions – MAIS
Marylhurst University
17600 Pacific Hwy. / P.O. Box 261
Marylhurst, OR 97036
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.