



# DEPARTMENT OF EDUCATION

## APPLICATION FOR ADMISSION

- MASTER OF ARTS IN TEACHING (MAT)
- MASTER OF EDUCATION (M.Ed.)
- READING ENDORSEMENT
- ESOL ENDORSEMENT
- TEACHING LICENSE ONLY
- TEACHER LEADERSHIP CERTIFICATE



# GRADUATE APPLICATION FOR ADMISSION

Please include application fee (\$40 regular, \$50 international) by  Check/money order (enclosed)  Major credit card (see below)  
 Credit Card # \_\_\_\_\_ Expiration date \_\_\_\_\_ Name \_\_\_\_\_

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

1. Legal Name \_\_\_\_\_  
Last First Middle Maiden Name

2. Please list **all other names** that may appear on transcripts \_\_\_\_\_

3. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  Home  Work  Cell Phone \_\_\_\_\_  Home  Work  Cell  
 Email \_\_\_\_\_ Country \_\_\_\_\_

4. SSN \_\_\_\_\_ (Required for federal reporting.) Date of Birth \_\_\_\_\_ Sex  F  M

5. Employer \_\_\_\_\_ Type of Business \_\_\_\_\_

6. Have you attended Marylhurst previously?  No  Yes Under what name? \_\_\_\_\_

7. Have you previously applied to a Marylhurst graduate program?  No  Yes Under what name? \_\_\_\_\_

8. **Residence Status (choose one)**

- Non-resident Alien (F, B, H, J, L, or M visa): Country of Citizenship \_\_\_\_\_ *(Skip to Question 9.)*
- U.S. Citizen, Permanent Resident, or Refugee *(Complete Question 9 below.)*

9. **Race/Ethnicity Information** *(Required for federal reporting.)*

- Are you Hispanic/Latino?  Yes  No
- Race (Choose one or more.):  White
- Black/African American
- Asian
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander

10. **Military Service**

- Are you a Veteran?  Yes  No
- Are you a dependent of a Veteran?  Yes  No

## EDUCATIONAL PLANS

11. I plan to start classes in  Fall  Winter  Spring  Summer of \_\_\_\_\_ (year)  
*Students are permitted a maximum of five years from the date of entry to complete a degree program.*

12. I plan to attend  Full time (9 or more credits per term)  Part time (5-8 credits)  
*NOTE: Full-time, on-campus students born on or after January 1, 1957, must submit verification of measles immunization with their admissions materials, in accordance with Oregon State Law. See the enclosed form for more information.*

**PLEASE NOTE: In addition to this page, you must submit the departmental application and required materials to the Office of Admissions.**

## 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.

### 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 received your GRADUATE DEGREE:

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 \_\_\_\_\_

**TEST SCORES (PRAXIS, CBEST)**

Test \_\_\_\_\_ Dates Taken (or plan to take) \_\_\_\_\_

**EMPLOYMENT**

Name of Employer \_\_\_\_\_ Position/Title \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

**NAMES OF PERSONS WRITING RECOMMENDATIONS**

RECOMMENDATION ONE:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

RECOMMENDATION TWO:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone (home) \_\_\_\_\_ Telephone (work) \_\_\_\_\_

**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 Accessibility and Disability Services at 503.636.8141, ext. 3344, or 800.634.9982, ext. 3344, or TTY 503.699.6301, or email [adaservices@marylhurst.edu](mailto:adaservices@marylhurst.edu).

# MARYLHURST UNIVERSITY

## OFFICE OF ADMISSIONS

17600 Pacific Highway (Hwy. 43)

P.O. Box 261 • Marylhurst, OR 97036-0261

503.699.6268 • 1.800.634.9982, ext. 6268

FAX: 503.635.6585

email: studentinfo@marylhurst.edu

Web site: www.marylhurst.edu



## DEPARTMENT OF EDUCATION APPLICATION FOR ADMISSION 2009-10

Indicate the program to which you are applying:

Preservice Programs	Inservice Programs
<p>Preservice programs are for those applicants interested in becoming a teacher who do not already have a teaching license or certificate.</p>	<p>Inservice programs are for experienced teachers seeking advanced professional development. Applicants already hold a teaching license, and/or are interested in an advanced academic degree in the field of education.</p>
<p><input type="checkbox"/> <b>Master of Arts in Teaching (MAT) with Initial Teaching License only.</b></p> <p>Select <b>one</b> of the following authorization levels:</p> <p><input type="checkbox"/> Early Childhood/Elementary _____ Grade level preference</p> <p><input type="checkbox"/> Middle/High School Subject area _____</p> <p><input type="checkbox"/> <b>I would like to add an endorsement.</b> <b>NOTE: Additional coursework and Praxis/CBEST tests required in addition to MAT requirements. See Department Advisor for details.</b></p> <p>Select the appropriate endorsement(s):</p> <p><input type="checkbox"/> Reading with focus on Early Childhood/Elementary/Middle School</p> <p><input type="checkbox"/> Reading with focus on Middle/High School</p> <p><input type="checkbox"/> English as a second or other language (ESOL) with focus on Early Childhood/Elementary/Middle School</p> <p><input type="checkbox"/> English as a second or other language (ESOL) with focus on Middle/High School</p> <p><input type="checkbox"/> <b>License Only. Applicants already hold a master's degree.</b> Select <b>one</b> of the following authorization levels:</p> <p><input type="checkbox"/> Early Childhood/Elementary _____ Grade level preference</p> <p><input type="checkbox"/> Middle/High School Subject area _____</p>	<p><input type="checkbox"/> <b>Master of Education (M.Ed.)</b></p> <p>This degree option is for:</p> <ul style="list-style-type: none"> <li>• Licensed teachers who have only achieved a bachelor's level degree.</li> <li>• Those interested in an advanced academic degree in the field of education, but do not seek licensure.</li> </ul> <p><input type="checkbox"/> <b>Endorsement Only</b> Select the appropriate endorsement(s):</p> <p><input type="checkbox"/> Reading with focus on Early Childhood/Elementary/Middle School</p> <p><input type="checkbox"/> Reading with focus on Middle/High School</p> <p><input type="checkbox"/> English as a second or other language (ESOL) with focus on Early Childhood/Elementary/Middle School</p> <p><input type="checkbox"/> English as a second or other language (ESOL) with focus on Middle/High School</p> <p><input type="checkbox"/> <b>Teacher Leadership Certificate</b></p>

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## APPLICATION INSTRUCTIONS DEPARTMENT OF EDUCATION PROGRAMS 2009-10 APPLICATIONS

### APPLICATION REQUIREMENTS

Preservice Programs – MAT & License Only	Inservice Programs – M.Ed. & Endorsement Only
<p>Preservice programs are for those applicants interested in becoming a teacher who do not already have a teaching license or certificate.</p>	<p>Inservice programs are for experienced teachers seeking advanced professional development. Applicants already hold a teaching license, and/or are interested in an advanced academic degree in the field of education.</p>
<p><b>MAT and License Only</b>                      For your application to be considered, please submit:</p> <ul style="list-style-type: none"> <li>• <i>Application for Admission</i> and \$40 non-refundable application fee</li> <li>• Sealed, official transcripts from all degree-granting institutions</li> <li>• Personal letter of introduction</li> <li>• Two letters of recommendation (form provided by Marylhurst)</li> <li>• Writing sample</li> <li>• Official copies Praxis Pre-professional Skills Test OR CBEST scores (or equivalent)</li> <li>• Fingerprint verification</li> <li>• Measles immunization</li> <li>• Résumé with clearly stated career objective</li> </ul> <p><b>Admission Interview</b>                      After all material has been submitted, final candidates will be invited for a personal interview. Interviews may be conducted before Praxis OR CBEST 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 more about your goals for study in the MAT program.</p>	<p><b>M.Ed. Applicants</b>                      For your application to be considered, please submit:</p> <ul style="list-style-type: none"> <li>• <i>Application for Admission</i> and \$40 non-refundable application fee</li> <li>• Sealed, official transcripts from all degree-granting institutions</li> <li>• Personal letter of introduction</li> <li>• Two references (form provided by Marylhurst)</li> <li>• Writing sample</li> <li>• Résumé with clearly stated career objective</li> </ul> <p><b>Endorsement-only Applicants</b>                      For your application to be considered, please submit:</p> <ul style="list-style-type: none"> <li>• <i>Application for Admission</i> and \$40 non-refundable application fee</li> <li>• Sealed, official transcripts from degree-granting institutions</li> <li>• Copy of current teaching license</li> <li>• Personal letter of introduction</li> <li>• Two references (form provided by Marylhurst)</li> </ul> <p><b>Teacher Leadership Certificate</b></p> <ul style="list-style-type: none"> <li>• Copy of current teaching License</li> <li>• Two references (form provided by Marylhurst)</li> <li>• Personal narrative</li> <li>• Supporting documents</li> </ul>

**All required forms and details about individual application requirements can be found on our Web site at [www.marylhurst.edu/admissions/applicationforms-grad.php](http://www.marylhurst.edu/admissions/applicationforms-grad.php).**

### APPLICATION DEADLINES

Preservice Programs – MAT & License Only	Inservice Programs – M.Ed. & Endorsement Only
<p>Initial review of applicant files will begin March 1. Only complete applications will be considered for full admission status. Applications received after this date are welcomed and will be reviewed on a case-by-case basis.</p>	<p>All applications are reviewed during the month submitted. Notification will be within 30 days of a complete application.</p>

## **INTERNATIONAL APPLICANTS**

The Marylhurst Department of Education welcomes international applicants. The program requires English language fluency in listening, speaking, reading, and writing. At a minimum, non-native speakers of English must score 550PBT or 213CBT or 79iBT or better on the written Test of English as a Foreign Language (TOEFL) or demonstrate equivalent English proficiency. In addition, they may be required to complete additional courses to increase their English language proficiency to ensure success in the program.

Official foreign transcripts must include a credential evaluation report at your own expense. You may be requested to provide a course-by course credential evaluation report at your expense. Contact the Office of Admissions for details.

## **FINANCIAL AID INFORMATION**

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 Education program are not eligible to receive 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 Marylhurst University Department of Education. 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](mailto:finaid@marylhurst.edu)

## **EQUAL OPPORTUNITY**

Marylhurst University, in its educational policies and procedures, provides equal opportunity for all its students without regard to race, color, national or ethnic origin, religion, sex, age, or disability.

## **ALL DOCUMENTS MUST BE SUBMITTED (by mail or FAX) TO:**

Marylhurst University  
Office of Admissions  
Attn.: Graduate Admissions  
17600 Pacific Highway (Hwy. 43)  
P.O. Box 261  
Marylhurst, OR 97036-0261  
FAX: 503.635.6585

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## APPLICATION ELEMENTS FOR THE PRESERVICE EDUCATION PROGRAMS MAT AND LICENSE ONLY APPLICANTS

### 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 recommendation for you can be downloaded from the Marylhurst Web site. 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 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.

### Praxis Pre-professional Skills Test OR CBEST scores

Passing scores from either PRAXIS I or CBEST 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:

- PRAXIS I - (PPST/C-PPST) - Pre-Professional Skills Test
  - Reading 174; Writing 171; Math 175
- C BEST – California Basic Educational Skills (or equivalent)
  - Reading 41; Writing 41; Math 41
  - Any one or two scores may be as low as 37, but the composite score of the three tests must be at least 123.

For more information on these tests, go to [www.nocheating.org/portal/site/ets/](http://www.nocheating.org/portal/site/ets/) or contact Office of Admissions.

### 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 \$62 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.

### ALL DOCUMENTS MUST BE SUBMITTED (by mail or FAX) TO:

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## APPLICATION ELEMENTS FOR THE INSERVICE EDUCATION PROGRAMS MASTER OF EDUCATION, TEACHER LEADERSHIP CERTIFICATE, AND ENDORSEMENT-ONLY APPLICANTS

### 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 – M.Ed. applicants only (not required for endorsement-only applicants)

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

- Why do you want to be a teacher?
- What are the most important issues facing education/teachers and/or students?

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.

### Personal Narrative (for Teacher Leadership Certificate applicants only)

Supporting documents:

- 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.

### ALL DOCUMENTS MUST BE SUBMITTED (by mail or FAX) TO:

Marylhurst University

Office of Admissions

Attn.: Graduate Admissions

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## LETTER OF RECOMMENDATION: MAT PROGRAM AND LICENSE ONLY PROGRAM

### 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 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:

#### PRESERVICE PROGRAM:

\_\_\_\_\_ MAT (Master of Arts in Teaching)

\_\_\_\_\_ License only

(b) 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 recommendation.

(c) \_\_\_\_\_  
Applicant Signature Date Social Security Number

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

(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

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.



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## LETTER OF RECOMMENDATION: MAT PROGRAM AND LICENSE ONLY PROGRAM

### TO THE MAT APPLICANT

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- 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

### APPLYING FOR ADMISSION TO:

#### PRESERVICE PROGRAM:

\_\_\_\_\_ MAT (Master of Arts in Teaching)

\_\_\_\_\_ License only

(b) 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 recommendation.

(c) \_\_\_\_\_  
Applicant Signature Date Social Security Number

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

(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

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.



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## 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 (rubeola) 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.

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## CERTIFICATE OF IMMUNIZATION

**Required for entering full-time, on-campus students.** 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.

Full Name (Last, First, Middle) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Student ID or Social Security # \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### 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.

\_\_\_\_\_ A measles (rubeola) titer report is attached, indicating I am immune to measles.

\_\_\_\_\_ A signed physician statement is attached, indicating I had the measles (rubeola) 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.

**I certify that the above information is true and complete to the best of my knowledge.**

Student Signature \_\_\_\_\_ Date \_\_\_\_\_