Graduate 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 Program
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Graduate Department of Education
Application Instructions

APPLICATION REQUIREMENTS
For detailed information on required materials please see individual Application Element Instructions section.

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<td>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.</td>
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**MAT and License Only Applicants**
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 OR Praxis Pre-professional Skills Test (or equivalent)
- Measles immunization
- Resume with clearly stated career objective

**Admission Interview**
After all material has been submitted, final candidates will be invited for a personal interview. Interviews may be conducted before NES or Praxis 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.

**M.Ed. Applicants**
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 references (form provided by Marylhurst)
- Writing sample
- Resume with clearly stated career objective

**Endorsement-Only Applicants**
For your application to be considered, please submit:
- Application for Admission & $50 non-refundable application fee
- Sealed, official transcripts from degree-granting institutions
- Copy of current teaching license
- Personal letter of introduction
- Two references (form provided by Marylhurst)

**Teacher Leadership Program**
- Copy of current teaching license
- Two references (form provided by Marylhurst)
- Personal narrative
- Supporting documents

All required forms and details about individual application requirements can be found on our Web site at www.marylhurst.edu/admissions/applicationforms-grad.php

**APPLICATION DEADLINES**

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<td>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.</td>
<td>All applications are reviewed during the month submitted. Notification will be within 30 days of a complete application.</td>
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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 bjones@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.

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: 503.699.6320
Application Elements for Preservice Programs
MAT & 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.

NES ESSENTIAL ACADEMIC SKILLS (EAS) OR PRAXIS PRE-PROFESSIONAL SKILLS TEST
Passing scores from either NES EAS or PRAXIS I 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.
- PRAXIS I - (PPST/C-PPST) - Pre-Professional Skills Test
  - Reading 174; Writing 171; Math 175
For more information on these tests, go to http://www.orela.nesinc.com, http://www.ets.org/praxis or contact the 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:
Marylhurst University
Office of Admissions
Attn: Graduate Admissions
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261
FAX: 503.699.6320
Application Elements for Inservice Programs
M.Ed., Teacher Leadership Program, & 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 (Teacher Leadership Program applicants 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.

ALL DOCUMENTS MUST BE SUBMITTED (by mail or FAX) TO:
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Office of Admissions
Attn.: Graduate Admissions
17600 Pacific Highway (Hwy. 43)
P.O. Box 261
Marylhurst, OR 97036-0261
FAX: 503.699.6320
Graduate Department of Education
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: ____________________________ ____________________________ ____________________________ ____________________________
   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. Residence Status (choose one)
   ☐ US Citizen
   ☐ Non-US Citizen
     Country of Citizenship ____________________________
   ☐ US Permanent Resident

10. 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

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

12. Military Service
    A. Are you a Veteran? ☐ Yes ☐ No
    B. Are you a dependent of a Veteran? ☐ Yes ☐ No

13. I plan to start: ☐ Fall ☐ Winter ☐ Spring ☐ Summer

14. I plan to attend: ☐ Full Time (9 or more credits per term) ☐ Part Time (5 – 8 credits per term)
16. Please indicate the program to which you are applying:

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- **Master of Arts in Teaching (MAT) with Initial Teaching License only.**  
  Select one of the following authorization levels:  
  - Early Childhood/Elementary  
    - Grade level preference  
  - Middle/High School  
  Subject area ____________________________  

- **I would like to add an endorsement.**  
  NOTE: Additional coursework and NES/Praxis tests required in addition to MAT requirements. See Department Advisor for details.  

  Select the appropriate endorsement(s):  
  - Reading with focus on Early Childhood/Elementary/Middle School  
  - Reading with focus on Middle/High School  
  - English as a second or other language (ESOL) with focus on Early Childhood/Elementary/Middle School  
  - English as a second or other language (ESOL) with focus on Middle/High School

- **License Only.** Applicants already hold a master’s degree.  
  Select one of the following authorization levels:  
  - Early Childhood/Elementary  
    - Grade level preference  
  - Middle/High School  
  Subject area ____________________________  

- **Master of Education (M.Ed.)**  
  This degree option is for:  
  - Licensed teachers who have only achieved a bachelor’s level degree.  
  - Those interested in an advanced academic degree in the field of education, but do not seek licensure.  

- **Endorsement Only**  
  Select the appropriate endorsement(s)  
  - Reading with focus on Early Childhood/Elementary/Middle School  
  - Reading with focus on Middle/High School  
  - English as a second or other language (ESOL) with focus on Early Childhood/Elementary/Middle School  
  - English as a second or other language (ESOL) with focus on Middle/High School  

- **Teacher Leadership Program**
Colleges & Universities Attended

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.

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 from which you have done any additional UNDERGRADUATE WORK:

Name of School __________________________________________________________

City_________________________ State______ Country _______________________

Year of Graduation _________ Degree: (B.A., B.S., etc.) ____ Major____________ GPA ________

School from which you received your GRADUATE DEGREE:

Name of School __________________________________________________________

City_________________________ State______ Country _______________________

Year of Graduation _________ Degree: (B.A., B.S., etc.) ____ Major____________ GPA ________

School from which you have done any GRADUATE WORK:

Name of School __________________________________________________________

City_________________________ State______ Country _______________________

Year of Graduation _________ Degree: (B.A., B.S., etc.) ____ Major____________ GPA ________

School from which you have done any GRADUATE WORK:

Name of School __________________________________________________________

City_________________________ State______ Country _______________________

Year of Graduation _________ Degree: (B.A., B.S., etc.) ____ Major____________ GPA ________
TEST SCORES (NES EAS, PRAXIS I)

Test ______________________________ Dates Taken (or plan to take) ____________________
Test ______________________________ Dates Taken (or plan to take) ____________________

EMPLOYMENT

Name of Employer _____________________________ Position/Title ____________________________
Address ________________________________________________________________________________

NAMES OF PERSONS WRITING RECOMMENDATIONS

Recommendation 1:
Name ______________________________ Relationship ______________________________
Address ________________________________________________________________________________
Telephone (home) __________________________ Telephone (work) __________________________

Recommendation 2:
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.

_________________________________________ Date

Signature
Letter of Recommendation
MAT & License Only Applicants

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)                                                                                     (b) Anticipate term of entrance into the program: Term: ________  Year: ________
Applicant: First Name                     Middle Name                     Last Name

APPLYING FOR ADMISSION TO:

PRESERVICE PROGRAM:

_____ MAT (Master of Arts in Teaching)
_____ License only

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) ___________________________________________________  Date __________  Social Security Number
Applicant Signature

(d) ___________________________________________________  Complete Mailing Address
Name of Person Making Recommendation

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.
LETTER OF RECOMMENDATION: FOR MAT AND LICENSE ONLY APPLICANT

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? You may attach a separate page if you prefer.

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

☐ Highly Recommend ☐ Recommend ☐ Recommend With Reservations ☐ Do Not Recommend
Letter of Recommendation
MAT & License Only Applicants

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

(e) ____________________________________________ ____________________________________________ ____________________________________________
Applicant: First Name        Middle Name        Last Name

APPLYING FOR ADMISSION TO:

PRESERVICE PROGRAM:
   _____ MAT (Master of Arts in Teaching)
   _____ License only

(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
   ____________________________________________
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.
LETTER OF RECOMMENDATION: FOR MAT AND LICENSE ONLY APPLICANT

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? You may attach a separate page if you prefer.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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

☐ Highly Recommend    ☐ Recommend    ☐ Recommend With Reservations    ☐ Do Not Recommend
Certificate of Immunization

This documentation is 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.

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 take less than 12 credits per term, 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.