

Christian Brothers University

APPLICATION TO THE GRADUATE EDUCATION PROGRAM, MASTER OF EDUCATION (M.Ed.) DEGREE "for teachers who lead"

—please print your responses—

Name _____ Maiden Name _____

Street Address _____

City _____ State _____ Zip _____

Social Security # _____ Date of Birth _____

Home Phone (_____) _____ Work Phone (_____) _____

Fax (_____) _____ e-mail _____

Employer _____

Employer Address _____

City _____ State _____ Zip _____

Employer Phone (_____) _____ Your Supervisor _____

ALL COLLEGES/UNIVERSITIES ATTENDED

Name _____ Degree _____ Major _____ Dates _____

Name _____ Degree _____ Major _____ Dates _____

Name _____ Degree _____ Major _____ Dates _____

Name _____ Degree _____ Major _____ Dates _____

Name _____ Degree _____ Major _____ Dates _____

PROFESSIONAL EXPERIENCE (current position first)

School/Firm _____ Title/Position _____ Dates _____

School/Firm _____ Title/Position _____ Dates _____

School/Firm _____ Title/Position _____ Dates _____

LICENSES (please submit copies of any teaching permits or licenses held)

CONFIRMATION OF GOAL

I understand that this application is specifically for admission into the Master of Education (M.Ed.) degree program, which is designed for advanced professional development for teachers and other educators and not for initial teaching licensure.

Signature _____ Date _____

For office use only:

MED

Approved by Director:

M.Ed. CONCENTRATIONS THAT INTEREST YOU:

- Elementary Education
- Middle School Education
- Secondary Education
- Teacher Leadership
- Foundations of Education
- Curriculum and Instruction
- Catholic Education
- Individually Designed _____

PREVIOUS STUDY IN PROFESSIONAL EDUCATION:

The Master of Education (M.Ed.) degree program is designed for individuals who have already completed initial teaching licensure and who are seeking advanced professional development. It is also an appropriate program for some individuals who are not working in regular classroom settings but who are involved professionally in the work of educating others (corporate training, community colleges, nonprofit organizations, and other roles).

Please respond to the following questions:

Are you a licensed classroom teacher (either Apprentice or Professional in Tennessee)? _____

In what areas/levels are you licensed/endorsed? _____

When did you complete your preparation for initial licensure? _____

Have you already completed coursework that constitutes advanced professional development in professional educational studies beyond initial teaching licensure? _____

Advanced Professional Development Coursework in Professional Education Completed:

- 0 1-2 courses 3-4 courses 5-6 courses more than 6 courses

If your personal situation does not match the intent of the M.Ed. degree program, please describe your situation below:

I understand that the M.Ed. degree program at CBU is designed for individuals who are seeking advanced professional development. If my situation does not match this, I will seek advising in the Department of Education about my other options and alternatives.

Signature _____ Date _____

When do you plan to register for classes? (Indicate the year you plan to register)

Summer, 20____ Fall, 20____ Spring, 20____

EMERGENCY INFORMATION

Person to contact in case of emergency

Name _____ Relationship _____

Street Address _____

City _____ State _____ Zip _____

Home Phone (_____) _____ Work Phone (_____) _____

Cell phone (_____) _____ e-mail _____

PERSONAL STATEMENT OF MORAL CHARACTER

I hereby verify that I have not been convicted of a felony. I further attest that I am committed to a high standard of personal and professional ethical conduct.

Signature _____ Date _____

VERIFICATION OF AUTHENTICITY OF APPLICATION MATERIALS

I hereby verify that any essays and statements, as well as any other records, that I have submitted to Christian Brothers University as part of my application to the Graduate Education Program are my own and are not the work of another individual.

Signature _____ Date _____

RELEASE OF INFORMATION

I hereby give Christian Brothers University full and free access to any and all information contained in my educational, employment, or other records, both past and current. By signing this release, I am granting permission to Christian Brothers University to consult with previous faculty members, university supervisors, cooperating teachers, former employers, and past and present colleagues about my suitability for a career in teaching. I am also granting permission to Christian Brothers University to conduct a background check. I understand that any information about me obtained in this manner will be treated confidentially and responsibly.

Signature _____ Date _____

RELEASE OF LIABILITY FROM EXCHANGE OF INFORMATION

Because Christian Brothers University may be required to supply information concerning my program of study or my status in the Graduate Education Program to employing schools or school districts or to the State of Tennessee's (or another state's) certification or licensing bureau, I agree to hold Christian Brothers University harmless and to waive any liability on the part of Christian Brothers University for making a true, accurate, and factual representation of my status in the Graduate Education Program to these agencies.

Signature _____ Date _____

RELEASE OF RIGHTS TO VIEW RECOMMENDATION FORMS

I hereby release my rights to review the contents of the recommendation forms that I have requested.

Signature _____ Date _____

FINAL APPLICANT STATEMENT

All information stated on and submitted with this application is true to the best of my knowledge. I also assume full responsibility to clarify, change, or add any information that may be deemed necessary to complete my requirements for admission to the Graduate Education Program. If I am admitted to the Program, I agree to update this information. I understand that, if I do not enroll after acceptance, my application and any requirements submitted with my application will be on file in the Department of Education at Christian Brothers University for only one year after the date of my signature below.

Signature _____ Date _____

DATA REQUIRED FOR UNIVERSITY RECORDS

Not Used in Admissions Decisions*

Marital Status: Single Married Divorced Separated Widowed

Gender: Male Female

Religious Preference: _____ No Preference

Ethnic Background: African American Caucasian Native American
 Asian American Hispanic Other _____

Citizenship: U.S. Citizen Other _____

Have any members of your family attended Christian Brothers University at any time? If so, who?

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

* If you chose not to complete this information on this application form but then are admitted to CBU, you must then complete this information for University records at the point of admission.

PLEASE SEND A SEALED COPY OF MY TRANSCRIPT TO:

Graduate & Professional Studies
Education Program
Christian Brothers University
650 East Parkway South, Box T-5
Memphis, Tennessee 38104-5581

I attended your school from _____ to _____. My transcript will be listed under the following:
(date) (date)

Name: _____

Social Security Number: _____ Date of Birth _____

Thank you for your prompt attention to this matter.

Sincerely,

Student Signature

Date



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