



COASTAL CAROLINA
UNIVERSITY

SPADONI COLLEGE OF EDUCATION

APPLICATION for GRADUATE ADMISSION

**Note: This application should be used only if you wish to be admitted to a degree program.
If you are seeking non-degree enrollment, use the Graduate Non-degree Application.**

INTRODUCTION

Thank you for your interest in pursuing a graduate degree at Coastal Carolina University. The following graduate degrees are offered through the Spadoni College of Education:

- ▶ Master of Education (M.Ed.) in Early Childhood Education*
- ▶ Master of Education (M.Ed.) in Elementary Education*
- ▶ Master of Education (M.Ed.) in Secondary Education*
(English, Mathematics, Music, Natural Sciences, Social Studies)
- ▶ Master of Arts in Teaching (M.A.T.)
(Art, English, Mathematics, Music, Natural Sciences, Social Studies)

**Current Teacher Certification required*

All graduate applications must first be processed through the Office of Graduate Studies. To help process your application as efficiently as possible, please make sure it is filled out completely. Once your application is complete, it will be forwarded to the Graduate Admissions Committee of the Spadoni College of Education.

SUBMISSION OF REQUIRED CREDENTIALS

Your application cannot be considered until your non-refundable \$45 application fee and all the following required credentials are received:

- ▶ The application form and \$45 application fee.
- ▶ **TRANSCRIPTS** You must submit an official transcript from every institution you have attended. Receipt of a baccalaureate or any higher degree must be clearly indicated on the transcript from the awarding institution. Official transcripts are those sent by the registrar of a college or a university directly to the Office of Graduate Studies. The Office of Graduate Studies does not order transcripts from any institution.

▶ OFFICIAL SCORES

For M.Ed. programs, an undergraduate Grade Point Average (GPA) of 3.0 (overall) and for M.A.T. programs, an undergraduate GPA of 2.5 (overall) and 2.75 (content area), OR, report of minimum scores on the

Graduate Record Examination (GRE) (minimum score of 800 with no less than 400 in both the verbal and quantitative portions), OR, report of a minimum score of 388 on the Miller Analogies Test (MAT) is required. Scores must be no more than five years old. You can register for the GRE and the MAT at the University's Testing Center located at the University's Myrtle Beach Higher Education Center in Colonial Mall in Myrtle Beach, S.C. To schedule a test date or for additional information, call (843) 349-4004 or e-mail kay@coastal.edu.

▶ **RECOMMENDATION FORMS** At least two recommendations are required with your graduate application. Forms for these recommendations are provided in this application packet. References should mail completed forms directly to the Office of Graduate Studies, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054. M.Ed. applicants should include one recommendation from their principal or an instructional supervisor.

▶ **TEACHER'S CERTIFICATE** If you are an applicant for the Master of Education degree in Early Childhood, Elementary or Secondary Education, submit a copy of your Teacher's Certificate along with your application to the Office of Graduate Studies.

APPLICATION DEADLINES

The Office of Graduate Studies cannot guarantee that late applications will be considered for the intended semester.

Term	Application Postmark Deadline
Fall Semester	July 1
Spring Semester	November 15
Summer I Session*	May 1

**Candidates for the Master of Arts degree in Teaching are required to begin study the Summer I Session.*

IMPORTANT TELEPHONE NUMBERS

Spadoni College of Education	
Early Childhood Education	(843) 349-2631
Elementary Education	(843) 349-2669
Secondary Education	(843) 349-2810
Master of Arts in Teaching	(843) 349-2810
Financial Aid and Scholarships	(843) 349-2313

Office of Graduate Studies • Coastal Carolina University

P.O. Box 261954 • Conway, South Carolina 29528-6054 • (843) 349-2394 • 1-800-277-7000 • www.coastal.edu/graduate



Application for Graduate Admission Spadoni College of Education

A non-refundable application fee of \$45 is required with this application.

INSTRUCTIONS: Pages 2-4 of this document **MUST** be completed online using the computer keyboard. Then, print the entire document, sign and date pages 3 and 4, and mail or bring pages 2-4 to the Office of Graduate Studies. Forward the printed *Letter of Recommendation* form to the individuals of your choice and ask them to complete and forward each Letter of Recommendation to the Office of Graduate Studies.

1. I WISH TO BEGIN GRADUATE STUDY AT COASTAL CAROLINA UNIVERSITY: *CANDIDATES FOR THE MASTER OF ARTS DEGREE IN TEACHING ARE REQUIRED TO BEGIN STUDY THE SUMMER I SESSION.

FALL SEMESTER MAY SEMESTER SUMMER I SESSION* YEAR _____
 SPRING SEMESTER SUMMER II SESSION

2. SOCIAL SECURITY NUMBER _____

3. LEGAL NAME: LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____ SUFFIX (JR., III, IV) _____

4. MAIDEN OR FORMER NAME USED AT OTHER COLLEGES _____

5. PERMANENT ADDRESS

P.O. BOX, RFD, STREET _____

CITY _____ STATE _____ ZIP CODE _____ ZIP+FOUR _____

COUNTY _____

6. HOME TELEPHONE (_____) _____

7. E-MAIL ADDRESS _____

8. DO YOU CLAIM SOUTH CAROLINA AS YOUR RESIDENCE FOR TUITION PURPOSES? YES (If YES, you must complete Page 4 of this application.) NO

9. DATE OF BIRTH (mm/dd/yy) _____

10. SEX: MALE FEMALE

11. ETHNIC ORIGIN The Office of Civil Rights, Department of Education, requires that you identify yourself as one of the following:

Asian, Native Hawaii or Pacific Islander – AP Black or African American – B White – W
 American Indian or Alaskan Native – AI Hispanic or Latino – H Other – U _____

12. EMERGENCY CONTACT INFORMATION (CHECK RELATIONSHIP TO YOU): PARENT SPOUSE GUARDIAN OTHER

LAST NAME _____

FIRST NAME _____ MIDDLE NAME _____ SUFFIX (JR., III, IV) _____

HOME/PERMANENT ADDRESS

P.O. BOX, RFD, STREET _____

CITY _____ STATE _____ ZIP CODE _____ ZIP+FOUR _____

HOME TELEPHONE (_____) _____ WORK TELEPHONE (_____) _____

13. **DEGREE SOUGHT:** Indicate the degree you are seeking and any specialization area.

- M.Ed. in Early Childhood Education M.Ed. in Elementary Education
- M.Ed. in Secondary Education (select specialization below)
- Master of Arts in Teaching (M.A.T.) (select specialization below)

SPECIALIZATION if applying for M.Ed. in Secondary Education or M.A.T.

- Art PreK-12 (M.A.T. only) Math 9-12 Science 9-12
- English 9-12 Music PreK-12 Social Studies 9-12

14. **TESTS:** Check tests you have taken and indicate score. Request official test results be sent directly to the Office of Graduate Studies, Coastal Carolina University.

- GRADUATE RECORD EXAM (GRE)
DATE (mm/dd/yy) _____ VERBAL SCORE _____ QUANTITATIVE SCORE _____
- MILLER ANALOGIES TEST (MAT)
DATE (mm/dd/yy) _____ SCORE _____

15. **I AM A CERTIFIED TEACHER.** YES NO If YES, attach a copy of certification. Certification number: _____

16. **COLLEGE(S) ATTENDED:** List below all colleges attended, current or most recent first, and ask the institution(s) to forward an official transcript of your work directly to the Office of Graduate Studies, Coastal Carolina University.

Name of school (full name) _____ State _____

Date entered (mm/yy) _____ Date leaving (mm/yy) _____ Degree earned _____

Name of school (full name) _____ State _____

Date entered (mm/yy) _____ Date leaving (mm/yy) _____ Degree earned _____

Name of school (full name) _____ State _____

Date entered (mm/yy) _____ Date leaving (mm/yy) _____ Degree earned _____

17. **I AM AN INTERNATIONAL STUDENT.** YES NO I AM SEEKING AN F-1 STUDENT VISA. YES NO

COUNTRY OF BIRTH _____ COUNTRY OF CITIZENSHIP _____

I AM A PERMANENT RESIDENT OF THE UNITED STATES. YES NO

ALIEN REGISTRATION NUMBER (include a copy of Green Card) _____

WILL YOU NEED A CERTIFICATE OF ELIGIBILITY (FORM I-20) FROM THE UNITED STATES IMMIGRATION AND NATURALIZATION SERVICE? YES NO

WHAT TYPE OF VISA DO YOU HOLD? _____

WHAT IS THE EXPIRATION DATE ON YOUR ARRIVAL-DEPARTURE CARD? (FORM I-94) (mm/dd/yy) _____

HAVE YOU TAKEN OR DO YOU PLAN TO TAKE THE TOEFL TEST? YES NO Non-native English speaking students are required to submit official TOEFL scores.

TESTING DATES
DATE 1 (mm/dd/yy) _____ DATE 2 (mm/dd/yy) _____ DATE 3 (mm/dd/yy) _____

ARE YOU CURRENTLY RESIDING IN THE UNITED STATES AND ATTENDING A UNIVERSITY? YES NO If YES, you must submit an International Student Clearance Form.

ALL INTERNATIONAL STUDENTS ARE REQUIRED TO SUBMIT A CONFIDENTIAL FINANCIAL STATEMENT/LETTER OF GUARANTEE. Both the Confidential Financial Statement/Letter of Guarantee and the International Student Clearance Form can be obtained online at www.coastal.edu/graduate.

18. **LEGAL ARREST/CONVICTION STATEMENT** Have you ever been arrested, pled no contest to, forfeited bond, or been convicted of a criminal offense (other than a minor traffic violation)?
 YES NO If YES, you are required to make an appointment with a representative in the Spadoni College of Education to discuss the ramifications and nature of these offenses as related to the law and teacher licensure in South Carolina. **The falsifying of information provided may result in removal from the program.**

My signature below is my promise that, should I enroll at Coastal Carolina University, I will abide by all rules and policies of the Code of Student Conduct and Academic Responsibility as outlined in the University's Student Handbook.

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to disqualification of my application for admission to Coastal Carolina University.

Print name _____ Social Security number _____

Signature _____ Date _____

Domicile Information

All applicants who claim South Carolina residency for tuition and fee purposes are required to complete the following information.

Coastal Carolina University is required under South Carolina Law 59-112 to determine residence classification of applicants and students for purposes of receiving in-state tuition and fees. Substantiating documentation is required to affirm residence status. Additional information may be requested if further clarification is needed.

PART A. STUDENT BACKGROUND

LIST ALL ADDRESSES WHERE YOU HAVE LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE MOST CURRENT ADDRESS.

Address _____

City _____ State _____ Dates: From (mm/yy) _____ To (mm/yy) _____

Address _____

City _____ State _____ Dates: From (mm/yy) _____ To (mm/yy) _____

PART B. RESIDENCY ISSUES · Each item below, items 1 through 2g, MUST be completed.

1. DO YOU CLAIM SOUTH CAROLINA AS YOUR RESIDENCE FOR TUITION PURPOSES? Yes No

2. WHO CLAIMED YOU FOR INCOME TAX PURPOSES DURING THE PAST 12 MONTHS? Self Other; if other, list name and relationship

LAST NAME _____ FIRST NAME _____

RELATIONSHIP _____

2a. HOW LONG HAS THE PERSON LISTED IN ITEM 2 RESIDED IN SOUTH CAROLINA? Years _____ Months _____

2b. LIST ALL ADDRESSES WHERE THE PERSON LISTED IN ITEM 2 HAS LIVED FOR MORE THAN 30 DAYS DURING THE PAST 48 MONTHS. BEGIN WITH THE CURRENT ADDRESS.

Address _____

City _____ State _____ Dates: From (mm/yy) _____ To (mm/yy) _____

Address _____

City _____ State _____ Dates: From (mm/yy) _____ To (mm/yy) _____

2c. IF THE PERSON LISTED IN ITEM 2 MOVED TO SOUTH CAROLINA WITHIN THE PAST FIVE YEARS, WHAT PROMPTED HIS/HER MOVE TO THIS STATE?

Education Employment Other - specify _____

2d. PREVIOUS STATE OR COUNTRY OF RESIDENCE OF PERSON LISTED IN ITEM 2: _____

2e. DRIVERS LICENSE OF PERSON LISTED IN ITEM 2:

State _____ Date issued (mm/yy) _____ This is (check one) New Renewed Expiration date (mm/yy) _____

Vehicle registration: State _____ Date issued (mm/yy) _____

Active voter's registration: State _____ Date issued (mm/yy) _____

2f. HAS THE PERSON LISTED IN ITEM 2 BEEN EMPLOYED IN SOUTH CAROLINA WITHIN THE PAST 12 MONTHS? Yes No If yes, list employer's information:

Dates: From (mm/yy) _____ To (mm/yy) _____ Employer _____

Full time or Part time City _____ State _____

Telephone (_____) _____

2g. IF CLAIM FOR IN-STATE TUITION IS BASED UPON ACTIVE MILITARY ASSIGNMENT IN SOUTH CAROLINA OF THE PERSON LISTED IN ITEM 2, COMPLETE THE FOLLOWING INFORMATION: Documentation verifying military assignment must be submitted.

a. person on active duty in service: Self Spouse Parent / Guardian

I certify that all information provided is accurate and complete. I further understand that falsification or failure to provide the correct information may lead to disqualification of my application for admission to Coastal Carolina University.

SIGNATURE _____ DATE _____



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RECOMMENDATION FOR GRADUATE ADMISSION SPADONI COLLEGE OF EDUCATION

TO BE COMPLETED BY APPLICANT:

Legal name _____
Last First Middle or maiden

Social Security number _____

I am applying for the _____ program.
Degree

If you prefer this to be a confidential reference, you must sign and date the waiver of access below.

APPLICANT'S WAIVER OF RIGHT OF ACCESS TO CONFIDENTIAL STATEMENT

Under the Family Rights and Privacy Act of 1974, a student enrolled at Coastal Carolina University has access to his or her educational records. The University's record policies comply with this law, while still allowing the student the option of waiving the right of access. To waive the right to examine this recommendation, please sign below. If left unsigned, you will have access to this document upon enrollment at Coastal Carolina University. The decision you make in no way affects our consideration of your application.

I hereby waive my right of access to any information contained on this recommendation form.

Signed _____ Date _____

Recommendation Request

You have been listed as a reference for the applicant above who is applying for Graduate Admission at Coastal Carolina University. Please complete this form at your earliest convenience as the applicant's record cannot be reviewed without this information. This form may be examined by the applicant upon request unless the Waiver of Access above is signed. **Please return this completed form to the Office of Graduate Studies, Coastal Carolina University, P.O. Box 261954, Conway, SC 29528-6054.**

TO BE COMPLETED BY RECOMMENDER:

Date _____ Signature _____

Name _____ Title _____

Address _____

1. Knowledge of the Applicant

- Approximately how long have you known the applicant? _____ Years
- How well do you feel you know the applicant? Casually Well Very well
- What is the nature of your contact with the applicant?

<input type="checkbox"/> Teacher in one class	<input type="checkbox"/> Major adviser	<input type="checkbox"/> Employer
<input type="checkbox"/> Teacher in more than one class	<input type="checkbox"/> Research adviser	<input type="checkbox"/> Other (specify) _____

(continued on back of page)

2. Give your opinion of the applicant's qualifications (ie., intellectually, academic preparation, motivation, work habits.)

3. Please give your opinion of the applicant's potential to be a good teacher or demonstrated competence as a good teacher.

Please feel free to offer any additional remarks below and/or on additional sheets of paper.



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