APPLICATION for Graduate Admission

Thomas W. and Robin W. Edwards College of Humanities and Fine Arts

Master of Arts - Writing

Introduction

Thank you for your interest in the Master of Arts in Writing degree program at Coastal Carolina University.

The Master of Arts in Writing is a 33-hour graduate degree program that addresses three related areas: professional writing, creative writing and composition. This degree program emphasizes the common elements of all kinds of effective writing while encouraging intensive exploration of particular subfields of writing.

The Master of Arts in Writing program is designed to make individuals more proficient writers in order to meet challenges in areas of professional writing, creative writing and writing instruction. Graduate students in the Master of Arts in Writing program learn to make sophisticated judgments regarding content, tone, style and diction of various forms of professional and creative writing; utilize technology for presentations, Web pages, visual media and print documents; and learn professional procedures to prepare and submit manuscripts for publication.

Students admitted to the Master of Arts in Writing program are required to hold a bachelor's degree from a regionally accredited institution.

Submission of Required Credentials

All graduate applications must first be processed through the Office of Graduate Studies. Please submit your application and all information requested to:

Office of Graduate Studies
Coastal Carolina University
P.O. Box 261954 Conway, SC
29528-6054

Once your application is complete, it will be forwarded to the Graduate Admissions Office of the Thomas W. and Robin W. Edwards College of Humanities and Fine Arts.

► **Application and Fee** The application form and the non-refundable $45 application fee.

► **Transcripts** You must submit an official transcript from every institution you have attended. Receipt of a baccalaureate and/or 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 university directly to the Office of Graduate Studies. The Office of Graduate Studies does not request transcripts from any institution.

► **Grade Point Average** Applicants must submit one of the following credentials:

1. A miminum 3.3 Grade Point Average (GPA) in 18 hours of undergraduate or graduate coursework in English or a related discipline.
2. A minimum score of 153 in the verbal reasoning portion or a 4.0 in the Analytical Writing Test of the Graduate Record Exam (GRE).

► Official Scores for International Students

Citizens of countries other than the United States of America who apply to Coastal's graduate programs must meet the University's graduate admission requirements in addition to any requirements specific to the chosen degree program. All international applicants must:

1. Submit a completed degree seeking application for graduate admission to the chosen program;
2. Provide original or certified copies of all certificates, transcripts, and degrees (if these documents are not in English, then official translations must be included as well);
3. Submit the required standardized test results;
4. If a non-native speaker of English, provide official results from tests taken within the last 3 (three) years of one of the following acceptable means of documenting English language proficiency consistent with success in graduate programs (Note that higher scores may be required of some graduate programs so applicants are urged to consult their desired program to identify whether a higher score is required):

a. A minimum score of 550 on the paper-based (PBT) or 79 on the internet (iBT) Test of English as a Foreign Language (TOEFL);
b. A minimum score of 6.5 on the International English Language Testing System (IELTS) exam;
c. Certificate of Completion of level 112 of English for Academic Purposes (EAP) from ELS Language Centers;
d. Pearson Test of English (PTE) Academic with a score of 59;
e. Cambridge CAE (Certificate of Advanced English) with a minimum level of C1;
f. Cambridge CPE (Certificate of Proficiency in English) with a minimum level of C1;
g. MELAB (Michigan English Language Assessment Battery) with a score of 77;
h. TOEIC (Test of English for International Communication) with a score of 745;
i. Bachelors degree earned from a regionally accredited U.S. institution of higher education within the last three years.

► **Writing Sample** Applicants must submit 20 pages of original writing. The 20-page sample may be professional, creative or academic. Applicants may submit a single 20-page text or several writing samples that equal a total of 20 pages.

► **Letters of Recommendation** At least two letters of recommendation are required with your graduate application. Recommendation letters should be written by people who know you in either a professional or academic context. Letters from professors, colleagues and supervisiors are acceptable; personal letters from friends or family members are not acceptable. Letters of Recommendation forms 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.

Application Deadlines

Priority consideration for admission will be given to completed applications received by these dates:

Term	Application postmark deadline
Fall Semester	May 15
Spring Semester	November 15

IMPORTANT TELEPHONE NUMBERS

Graduate Writing Program Office • 843-349-6423 Office of Financial Aid • 843-349-2313

9/15

Application for Graduate Admission

Thomas W. and Robin W. Edwards College of Humanities and Fine Arts

Master of Arts - Writing

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

INSTRUCTIONS: Pages 2-6 of this document MUST be completed using the computer keyboard. Then, print the entire document, sign and date pages 5 and 6, and mail or bring pages 2-6 to the Office of Graduate Studies. Forward the printed *Letter of Recommendation* forms 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.** YEAR _____ ☐ FULL TIME ☐ PART TIME

   ☐ FALL SEMESTER ☐ SPRING SEMESTER ☐ SUMMER I ☐ SUMMER II

2. **SOCIAL SECURITY NUMBER** _____

3. **LEGAL NAME** _____
   Last First Middle 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. **TELEPHONES:** Home (_____) _____ Cell (_____) _____

7. **E-MAIL ADDRESS** _____

8. **BIRTH DATE** (MM/DD/YY) _____ 9. **Gender:** ☐ Male ☐ Female

10. **I AM A SENIOR CITIZEN** (age 60 or older). ☐ Yes ☐ No

11. **ETHNIC ORIGIN / RACE**
    I am Hispanic or Latino. ☐ Yes ☐ No

    What is your race? Regardless of how you answered the prior statement, please indicate the race you consider yourself to be.

    ☐ American Indian OR Alaskan Native ☐ Asian ☐ Black/African American
    ☐ Native Hawaiian OR Other Pacific Islander ☐ White

12. **DO YOU LIVE IN SOUTH CAROLINA?**

    ☐ Yes If Yes, you must complete page 6 of this application. If all questions are not answered completely, you will be considered an OUT-OF-STATE student for Tuition and Fee purposes.

    ☐ No I should not be considered a South Carolina resident for Tuition and Fee purposes.

13. **COUNTRY OF BIRTH** _____ **COUNTRY OF CITIZENSHIP** _____

14. **I AM A *PERMANENT RESIDENT ALIEN* OF THE UNITED STATES.** ☐ Yes ☐ No

    If Yes, what is your alien registration number _____ Attach a copy of your Green Card.

15. **I AM AN INTERNATIONAL STUDENT.** ☐ Yes ☐ No
    I am seeking an F-1 Student Visa. ☐ Yes ☐ No

16. **EMERGENCY CONTACT INFORMATION** Check relationship to you: ☐ Parent ☐ Spouse ☐ Guardian ☐ Other _____

    Name _____
    Last First Middle Suffix (Jr., III, IV)

    Home/permanent address: P.O. Box, RFD, Street _____

    City _____ State _____ Zip code _____ Zip +four_____

    County _____

    Telephones: Home (_____) _____ Work (_____) _____ Cell (_____) _____

17. PLEASE CHECK ALL THAT APPLY:

☐ I earned a GPA of 3.3 or better in undergraduate coursework in English.

☐ I earned a GPA of 3.3 or better in undergraduate coursework in writing-related discipline. Specify discipline _____

☐ I am submitting GRE score(s) with my application. GRE Verbal Score _____ Written Assessment Score _____

☐ I am submitting 20 pages of original writing with my application. Briefly describe the writing sample, its purpose, and if/where it has been published or circulated.

_____

_____

_____

_____

_____

_____

18. TESTS: Give dates you have taken or will take the tests.

Graduate Record Exam (GRE): **DATE 1** (MM/DD/YY) _____ **DATE 2** (MM/DD/YY) _____

Test of English as Foreign Language: **DATE 1** (MM/DD/YY) _____ **DATE 2** (MM/DD/YY) _____

19. 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 _____

Name of school (full name) _____ State _____

Date entered (MM/YY) _____ Date leaving (MM/YY) _____ Degree earned _____

20. STATEMENT OF PURPOSE Please provide a brief statement of your writing background and your interest in the program. You may include a description of your professional experience, short or long term career goals, how you expect a graduate degree in writing to help you achieve your goals, or any other informaton relevant to your pursuit of a graduate writing degree. Please attach a separate sheet of paper if necessary.

FOR INTERNATIONAL APPLICANTS

21. ARE YOU CURRENTLY STUDYING IN THE UNITED STATES? ☐ YES ☐ NO If Yes, you must submit an International Clearance Form.

***ALL* INTERNATIONAL STUDENTS ON F-1 STUDENT VISAS ARE REQUIRED TO SUBMIT THE FOLLOWING FORMS:**

- Confidential Financial Statement
- Letter of Guarantee

The Confidential Financial Statement, the Letter of Guarantee and the International Student Clearance Form can be obtained online at http://www.coastal.edu/registrar/forms.html.

22. COMMUNITY STANDARDS

Effective June 1, 2009, all applicants are required to submit complete responses to a series of community standards questions on the application for admission. Responses to these questions are initially reviewed by the Office of Graduate Studies. Some cases are then referred to the Community Standards Committee for review. An applicant must satisfy the Community Standards portion of the admission application prior to the review of the documentation (transcripts, test scores, letters of recommendation, etc.). This review process supports the University's goal of maintaining a safe learning community. Failure to submit complete responses or the falsification of responses will result in the revocation of the admission decision or the dismissal of the student after enrollment. It is the responsibility of the applicant/student to notify the Office of Graduate Studies of changes to the questions on Community Standards. Disclosure is a continuous obligation of the applicant/student. Failure to do so shall result in immediate and permanent dismissal. In addition, Coastal Carolina University will not permit Registered Sex Offenders to enroll in classes or to participate in campus activities. The failure to disclose registration shall result in immediate expulsion and revocation of any privileges as a student. For the purpose of the following questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or infraction. You must, however, include alcohol or drug offenses whether or not they are traffic-related.

If you answer "Yes" to any question below, you are required to provide your own written explanation of the event(s) and a statement from your legal representative summarizing the event(s) and the final disposition of your case. If you are/were not represented by legal counsel in connection with the event(s), in addition to your own written explanation, you must provide court records summarizing the event(s) and the final disposition of your case. Print your full name at the top of each page, and date and sign each page. All documentation must be delivered to the Office of Graduate Studies.

1. ☐ YES ☐ NO Have you been convicted of a crime as an adult or juvenile?
2. ☐ YES ☐ NO Have you entered a plea of guilty, a plea of no contest, a plea of "nolo contendere", an Alford plea, a plea of delinquency in juvenile court, or have you received a deferred prosecution or prayer for judgment continued to a criminal charge?
3. ☐ YES ☐ NO Have you otherwise accepted responsibility for the commission of a crime or entered a pre-trial/diversion program?
4. ☐ YES ☐ NO Do you have any criminal charges pending against you?
5. ☐ YES ☐ NO Have you ever been suspended (out-of-school), expelled, or placed on disciplinary probation by any college or university? This may include, but is not limited to, academic cheating, conduct violations, or alcohol policy infractions. If you answer "Yes", you are required to attach a statement from an appropriate school official corroborating your summary of the event in addition to your own explanation of the event.
6. ☐ YES ☐ NO If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? If you have not served in the military, respond "No".

Written statement (required for all "Yes" responses). Attach an additional sheet of paper if necessary.

23. APPLICATION AGREEMENT

I certify that these responses are true and complete to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that any knowing omissions or falsification herein may result in disciplinary action including denial of admission or dismissal after admission. Further, it is my understanding that I shall not be considered for admission to the University until I have submitted all credentials. I agree to inform the Office of Graduate Studies, in writing, of any change in my plans to attend the University and any change to my responses to questions on this application. I understand that if I discontinue my enrollment in a major term at Coastal Carolina University at any time, I must submit a new application by the appropriate deadline. I also understand that the provision of my Social Security number and ethnicity/racial origin are not required to be considered for admission to the University.

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 Responsibilities as outlined in the University's Student Handbook. A copy of the Handbook can be found at **http://www.coastal.edu/deanofstudents/**. Failure to truthfully disclose information may subject me to immediate expulsion.

Print name _____

Signature _____ Date _____

Office of Graduate Studies • Coastal Carolina University • P.O. Box 261954 • Conway, SC 29528-6054
843-349-2394 • 843-349-6444 fax • graduate@coastal.edu • coastal.edu/graduate

---

APPLICATION FEE: Credit card authorization for payment of the application fee. Complete this section only if you are paying the application fee by credit card.
Please PRINT clearly.

Check one: ☐ Mastercard ☐ Visa ☐ Discover ☐ American Express

Name (Print name as it appears on credit card) _____

Credit card number _____

Expiration date _____ V-code _____ (For Mastercard, Visa or Discover the V-code is the last three numbers in the signature line on the back of the card. For American Express the V-code is a four-digit number on the front right side of the card.)

I authorize the use of my credit card account. AMOUNT $ _____

Signature _____ **Date** _____

Daytime telephone (_____ **)** _____

COASTAL CAROLINA UNIVERSITY RESIDENCY INFORMATION

Applicants who claim South Carolina residence for tuition and fee purposes must complete this form in its entirety. Additional information may be requested per SC Law 59-112. South Carolina residency requirements may be found online at **che.sc.gov.**

Student Information

Name of Student _____ Telephone (_____) _____

Social Security number ***or*** CCU ID _____ Email _____

Date of birth _____ State and country of birth _____

OPTION A: DEPENDENT STUDENT

A dependent student is defined as one who will receive more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment from a parent, guardian or spouse and will be claimed as a dependent or exemption on that individual's income tax returns.

With whom do you reside? ☐ Self ☐ Both parents
☐ Father ☐ Mother ☐ Other _____

Who claims you for federal income tax purposes? ☐ Self
☐ Both parents ☐ Father ☐ Mother ☐ Other _____

Parents marital status: ☐ Single/never married ☐ Married
☐ Divorced/separated ☐ Widowed ☐ Re-married

If parents are divorced or separated, who is the custodial parent?
☐ Not applicable ☐ Father ☐ Mother ☐ Shared custody

Dependent students are required to enter parent, guardian or spouse information below.

Who provides the majority of your financial support?

Name _____
First *Last* *Relationship*

Citizenship:
☐ U.S. citizen ☐ Permanent Resident ☐ Not a U.S. Citizen or Permanent Resident

Length of time as SC resident: Years _____ Months _____

Address: Street _____

City, State, Zip _____

Driver's License: State _____ Date Issued _____
☐ New ☐ Renewed Expiration date _____

Vehicle Registration: State _____ Date Issued _____
☐ New ☐ Renewed Date of purchase *(MM/YYYY)* _____

If you have relocated to SC, what was your previous state of residence? _____

Employment Status: ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Retired ☐ Disabled

Employer's name _____

Employer's address _____

_____

Employer's telephone (_____) _____

Dates of employment: From _____ to _____

If your claim to South Carolina resident status is based upon active military assignment to the state, **please submit a copy of current orders to the Office of Admissions.**

Person on active duty in service: ☐ Parent/Guardian ☐ Spouse
Branch of Service: ☐ USAF ☐ USA ☐ USN ☐ USMC ☐ USCG

OPTION B: INDEPENDENT STUDENT

Independent students are required to enter personal information below. An independent student is defined as one who will provide more than half of his/her support for the 12 months immediately preceding his/her enrollment or re-enrollment and will NOT be claimed as a dependent or exemption on the income tax return of a parent, guardian or spouse.

YOUR INFORMATION

Name _____
First *Last* *Age*

Citizenship:
☐ U.S. citizen ☐ Permanent Resident ☐ Not a U.S. Citizen or Permanent Resident

Length of time as S.C. resident: Years _____ Months _____

Address: Street _____

City, State, Zip _____

Your marital status: ☐ Single/never married ☐ Married
☐ Divorced/separated ☐ Widowed ☐ Re-married

Current Residence: ☐ Rent/lease ☐ Own ☐ With Parents
☐ Campus residence

Driver's License: State _____ Date Issued _____
☐ New ☐ Renewed Expiration date _____

Vehicle Registration: State _____ Date Issued _____
☐ New ☐ Renewed Date of purchase *(MM/YYYY)* _____

If you have relocated to S.C., what was your previous state of residence? _____

Employment Status: ☐ Full-time ☐ Part-time ☐ Unemployed ☐ Retired ☐ Disabled

Employer's name _____

Employer's address _____

_____

Employer's telephone (_____) _____

Dates of employment: From _____ to _____

If your claim to South Carolina resident status is based upon active military assignment to the state, **please submit a copy of your current orders to the Office of Admissions.**

Branch of Service: ☐ USAF ☐ USA ☐ USN ☐ USMC ☐ USCG

Home of record _____

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 the disqualification of my application for admission to Coastal Carolina University.

Signature of Applicant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____
(If applicant is under 18 years of age)

(9/15)

Recommendation for Graduate School Admission

Thomas W. and Robin W. Edwards College of Humanities and Fine Arts

Master of Arts - Writing

TO BE COMPLETED BY APPLICANT:

Legal name _____
Last *First* *Middle or Maiden*

Social Security number _____

If you prefer this to be a confidential letter of 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 the consideration of your application.

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

Signed _____ Date _____

Office of Graduate Studies
Coastal Carolina University • P.O. Box 261954 • Conway, South Carolina 29528-6054
843-349-2394 • 1-800-277-7000 • coastal.edu/graduate

Letter of 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?
     ☐ Teacher in one class ☐ Major adviser ☐ Employer
     ☐ Teacher in more than one class ☐ Research adviser ☐ Other (specify) _____

(continued)

2. Give your opinion of the applicant's qualifications (i.e., intellectual ability, academic preparation, motivation, work habits) for graduate work.

3. Where would you rank this student with other seniors who are currently in your department?
   Faculty recommendations only

   ☐ lower 25% ☐ middle 25% ☐ upper 25% ☐ highest 10% ☐ highest 5%

4. Additional remarks. ***Use an additional sheet of paper if necessary.***

Recommendation for Graduate School Admission

Thomas W. and Robin W. Edwards College of Humanities and Fine Arts

Master of Arts - Writing

TO BE COMPLETED BY APPLICANT:

Legal name _____
Last *First* *Middle or Maiden*

Social Security number _____

If you prefer this to be a confidential letter of 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 the consideration of your application.

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

Signed _____ Date _____

Office of Graduate Studies
Coastal Carolina University • P.O. Box 261954 • Conway, South Carolina 29528-6054
843-349-2394 • 1-800-277-7000 • coastal.edu/graduate

Letter of 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?
     ☐ Teacher in one class ☐ Major adviser ☐ Employer
     ☐ Teacher in more than one class ☐ Research adviser ☐ Other (specify) _____

(continued)

2. Give your opinion of the applicant's qualifications (i.e., intellectual ability, academic preparation, motivation, work habits) for graduate work.

3. Where would you rank this student with other seniors who are currently in your department?
   Faculty recommendations only

   ☐ lower 25% ☐ middle 25% ☐ upper 25% ☐ highest 10% ☐ highest 5%

4. Additional remarks. ***Use an additional sheet of paper if necessary.***