# APPLICATION for Graduate Admission

## Spadoni College of Education

**Note: This application should be used only if you wish to be admitted into a graduate 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 Arts in Teaching (M.A.T.) (Art, English, Mathematics, Music, Science, Social Studies)
- Master of Education (M.Ed.) in Learning and Teaching* (Instructional Technology, Literacy, Special Education High Incidence Disabilities)
- Master of Education (M.Ed.) in Educational Leadership*
- Specialist in Educational Leadership (Ed.S.)
- Certificate in On-Line Teaching and Training

**Current Teacher Licensure 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** All applicants must submit an official transcript from every institution attended. Receipt of a baccalaureate or higher degree from a regionally accredited institution 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 the **M.A.T. program**, an undergraduate minimum grade point average (GPA) of 2.75 in the content area is required **AND** one of the following: undergraduate GPA of 2.5 overall, **OR** provide Graduate Record Exam (GRE) report of minimum score of 286 with no less than 146 on the verbal and 140 on the quantitative portions, **OR** provide report of a minimum score of 388 on the Miller Analogies Test (MAT). Scores must be no more than five years old. For testing information, contact the University's Testing Center at 843-349-4004.

For **all M.Ed. programs** an undergraduate minimum grade point average (GPA) of 3.0 overall is required; **OR** provide Graduate Record Exam (GRE) score of 286 with no less than 146 on the verbal and 140 on the quantitative portions; **OR** provide report of a minimum score of 388 on the Miller Analogies Test (MAT). Scores must be no more than five years old. For testing information, contact the University's Testing Center at 843-349-4004.

Also, applicants whose native language is not English must provide results of one of the following: A minimum score of 550 on the paper-based (PBT) or 79 on the Internet (iBT) Test of English as a Foreign Language (TOEFL); **OR** a minimum score of 6.5 on the International English Language Testing System (IELTS) exam; **OR** certification denoting successful completion of an English Language Testing Center-Level 112 English language training program. TOEFL and/or IELTS scores must be no more than three years old.

- **Letters of Recommendation**

At least two Letters of Recommendation are required with your M.A.T. or your M.Ed. graduate application. Three (3) Letters of Recommendation are required with your application for the Specialist in Educational Leadership program. Forms for these recommendations are provided in this application packet. References should mail completed forms directly to the Office of Graduate Studies. M.Ed. and Ed.S. applicants should include one recommendation from their principal, with additional recommendations from an instructional supervisor or internship supervisor.

- **Teacher's License**

If you are an applicant for the Master of Education degree in Learning and Teaching or Educational Leadership, or for the Specialist in Educational Leadership, submit a copy of your Teacher's License with your application to the Office of Graduate Studies.

- **Teaching Experience**

Admission into M.Ed. in Educational Leadership requires a minimum of one (1) year of full-time teaching experience. Admission into Ed.S. Specialist in Educational Leadership requires a minimum of three (3) years of full-time teaching experience.

- **Additional Requirements for Specialist in Educational Leadership Degree**

A. Applicants for the Ed.S. degree are required to submit proof of an earned Master's Degree in Educational Leadership or related field with an overall cumulative grade point average (GPA) of 3.0. This proof must be in the form of an official transcript from a regionally accredited institution.

B. Applicants must submit a statement of interest in the program. This statement must address the applicant's reason for pursuing a career in educational leadership. It must also explain why this program is the right fit to help reach the applicant's goals.

C. Applicants must submit a copy of their Principal's License.

D. Applicants must achieve a successful interview with the Portal I faculty committee and receive approval of the Portal I committee.

## 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 1 |
| Summer I Session* | May 1 |

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

**IMPORTANT TELEPHONE NUMBERS**

Spadoni College of Education Graduate Programs Office: 843-349-2011 • Office of Financial Aid: 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 • 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 2-5 of this document MUST be completed online using the computer keyboard. Then, print the entire document, sign and date pages 4 and 5, and mail or bring pages 2-5 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 ☐ MAY SEMESTER ☐ SUMMER I ☐ SUMMER II

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

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 5 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. DEGREE SOUGHT** Indicate the degree (and specialization, as appropriate) you are seeking.

☐ **Master of Arts in Teaching (M.A.T.)** *Select specialization*

○ Art (PreK-12) ○ English (9-12) ○ Mathematics (9-12) ○ Music (PreK-12) ○ Science (9-12) ○ Social Studies (9-12)

☐ **Master of Education in Learning and Teaching (M.Ed.)** *Select specialization*

○ Instructional Technology ○ Literacy ○ Special Education High Incidence Disabilities

☐ **Master of Education in Educational Leadership (M.Ed.)**

☐ **Specialist in Educational Leadership (Ed.S.)**

☐ **Certificate in On-Line Teaching and Training** Required: Submission of a written statement of educational and career goals, including how this certificate program will contribute to realizing those goals.

**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) _____

Miller Analogies Test (MAT): **DATE 1** (MM/DD/YY) _____ **DATE 2** (MM/DD/YY) _____

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

**19. I AM A LICENSED TEACHER.** ☐ Yes ☐ No If Yes, attach a copy of License. License number _____

**I AM A LICENSED PRINCIPAL.** ☐ Yes ☐ No If Yes, attach a copy of License. License number _____

*(Principal Licensure required for Educational Specialist applicants only.)*

**20. NUMBER OF YEARS OF IN-CLASSROOM TEACHING EXPERIENCE.** _____

State/District _____ Subject/Grade Level _____

**21. 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. *Attach additional page, if necessary.*

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 _____

## FOR INTERNATIONAL APPLICANTS

**22. 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: www.coastal.edu/graduate/forms/html.**

**23. 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 your responses to questions on the 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.**

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**24. 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 coastal.edu/students/StudentHandbook.pdf. 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**

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**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)*



(Rev. 082013)

# Recommendation for Graduate School Admission

## Spadoni College of Education

**TO BE COMPLETED BY APPLICANT:**

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

Social Security number _____

E-mail address _____

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

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 for graduate study (examples: intellectual ability, academic preparation, motivation, work habits).

3. Please give your opinion of the applicant's potential to be an effective teacher, to be an educational leader, and to demonstrate exemplary performance in educational settings.

4. **For Educational Specialist applicants only:** Please give your opinion of the applicant's ability to balance the demands of high level graduate coursework wth the applicant's personal and professional life.

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

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Legal name _____
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**TO BE COMPLETED BY RECOMMENDER:**

Date _____ Signature _____

Name _____ Title _____

Address _____

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   - 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 for graduate study (examples: intellectual ability, academic preparation, motivation, work habits).

3. Please give your opinion of the applicant's potential to be an effective teacher, to be an educational leader, and to demonstrate exemplary performance in educational settings.

4. **For Educational Specialist applicants only:** Please give your opinion of the applicant's ability to balance the demands of high level graduate coursework wth the applicant's personal and professional life.

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**TO BE COMPLETED BY RECOMMENDER:**

Date _____ Signature _____

Name _____ Title _____

Address _____

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   - 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 for graduate study (examples: intellectual ability, academic preparation, motivation, work habits).

3. Please give your opinion of the applicant's potential to be an effective teacher, to be an educational leader, and to demonstrate exemplary performance in educational settings.

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