

Graduate Application for Admission to the School of Graduate and Professional Studies



ROCKHURST
A Jesuit University

A \$25 non-refundable application fee is required.

Make check or money order payable to Rockhurst University.

Each graduate program requires additional application materials.

Please review the accompanying program checklist for specific requirements.

General Information

Full Legal Name: Last First Middle

Other names which may appear on documents being submitted

□ □ □ - □ □ - □ □ □ □

Social Security Number

□ □ / □ □ / □ □ □ □

Date of Birth (Month, Day, Year)

Mailing Address

Number & Street Apt. No.

City State Zip

()

Home Phone

()

Daytime Phone

()

Cell Phone

E-mail Address

Permanent Mailing Address

(if different from above)

Number & Street Apt. No.

City State Zip

()

Permanent Phone

Colleges Attended

Please list all colleges and universities attended, beginning with the most recent.
Please note that **two official transcripts** must be submitted from each institution.

| College or University Name | Location | Dates Attended | Major | Degree Received |
|----------------------------|----------|----------------|-------|-----------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If more space is needed, please attach an extra sheet.

If you have not yet completed your undergraduate degree, please indicate date of anticipated completion: _____

Citizenship

- U.S.
- Other: Please indicate _____

If not a U.S. citizen, indicate type of visa and submit a copy of your visa with this application.

- Student (F1)
- Exchange (J1)
- Permanent Resident (PR)
- Other _____

Languages Spoken

(List native language first)

If English is not your first language, please submit TOEFL scores to the Graduate Admission Office by the application deadline date. A minimum TOEFL score of 550 is required for admission.

Program Information

Graduate program to which you are applying:

- Master of Education with Teacher Certification
(please identify area of certification) _____
- Master of Education (Teach for America)
(please identify area of certification) _____
- Master of Occupational Therapy
- Master of Science in Communication Sciences & Disorders
- Post-Baccalaureate Prep Track in
Communication Sciences & Disorders

Enrollment Options

- Full Time Part Time
- (Note: A part-time option is not available for all graduate programs)

Semester/Year you anticipate enrolling:
 Fall Spring Summer of 20 _____

(Note: Some programs have only one entry date)

Have you ever applied to Rockhurst?
 Yes No If yes, when? _____

Have you ever attended Rockhurst?
 Yes No If yes, last date attended? _____

Employment Information

Please list most recent employment first.

| Company Name | Work Phone Number | Company Address | Position/Title | Dates of Employment |
|--------------|-------------------|-----------------|----------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Briefly describe your current duties. _____

Briefly describe other relevant work/volunteer experiences. _____

Have you ever been:

- Dismissed from any college or university? Yes No
- Convicted of a felony? Yes No
- Other than honorably discharged from any branch of the U.S. Military? Yes No

If you answered "yes" to any of these questions, please provide a full explanation on a separate sheet and attach it to the application. Answering "yes" to any of the above questions is not an absolute bar to admission at Rockhurst University.

For Statistical Purposes Only (Optional)

Rockhurst University maintains a program of affirmative action and nondiscrimination in all aspects of the services we provide. The following questions are optional and intended solely for the purpose of providing us with information that enables us to measure the effectiveness of our affirmative action program and our compliance with the Civil Rights Act of 1964, Title IX of the 1972 Education Amendments, and Executive Order 11246 as amended.

Sex : Male
 Female

Ethnicity: Do you consider yourself to be Hispanic/Latino?
 Yes No

Select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White

Equal Opportunity

Rockhurst University operates in accordance with all applicable laws on equal opportunity and non-discrimination in the consideration of eligible students for admission, scholarships and financial aid.

Information Source

Please check all the sources from which you received or heard information about Rockhurst University.

- Alumni
- Newspaper
- Employer
- Relative
- TV/Radio Advertisement
- Poster
- Mailings
- Web Site
- Other _____
- Graduate Admission Office
- Graduate Program Office

Signature

I certify, to the best of my knowledge, that all statements I have made in this application are complete and true. Failure to supply complete and accurate information may result in the denial of this application or in subsequent dismissal from Rockhurst University. I further understand that each graduate program requires additional application materials, and that I am responsible for the completeness of my application.

Signature of applicant

Date

Send application,
copies of official transcripts,
application fee and
additional application materials to:

Rockhurst University
Office of Graduate Admission
1100 Rockhurst Road
Kansas City, MO 64110-2561
www.rockhurst.edu

Master of Education Program Application Checklist

Thank you for your interest in the Rockhurst University Master of Education program. Please submit the following items to complete the application process:

- 1. Graduate Application for Admission to the School of Graduate and Professional Studies.
- 2. \$25 nonrefundable application fee (check or money order) made payable to Rockhurst University. If you apply online, your application fee will be waived.
- 3. Essay (Form A)
- 4. Two letters of recommendation (Form B)
- 5. Two official transcripts sent **directly** to the Rockhurst University Office of Graduate Admission from **each** college and university you have attended.
- 6. Submit all application materials to:

**Rockhurst University
Office of Graduate Admission
1100 Rockhurst Road
Kansas City, MO 64110-2561**

The Rockhurst University M.Ed. program welcomes your application at any time during the year. Applicants may be admitted for fall, spring or summer semesters. Applications are reviewed based on the admission requirements detailed in this packet.



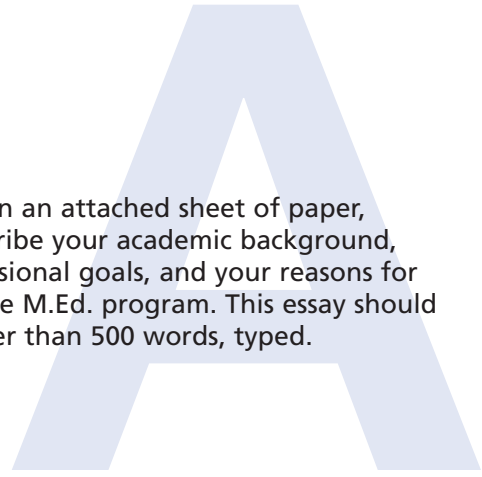
Master of Education Program

Form A: Essay

Name

Date

Below, or on an attached sheet of paper, please describe your academic background, your professional goals, and your reasons for pursuing the M.Ed. program. This essay should be no longer than 500 words, typed.



Master of Education Program

Form B: Letters of Recommendation



Instructions to Applicant

Two letters of academic or professional recommendation are required as part of the application packet. The letters should be written by two persons who know you well but are not relatives or friends. We suggest that one of the professional references be from a current or former employer and one from a former teacher or professor, if possible, who can speak to your potential to serve as an educational leader. Ask each person to place his/her letter in a sealed envelope, sign his/her name over the seal, and then return the envelope to YOU. We ask that you then submit these letters with your application package. The package is not complete without these two letters of recommendation. Please give this form to the recommender who should attach it to the letter of recommendation.

You must provide all information requested in this section. Your name and Social Security number only will be used to ensure this recommendation is matched to your application file.

Name of Applicant

□ □ □ - □ □ - □ □ □ □

Social Security Number

Name of Recommender

Title

- I waive the right by the Family Educational Rights and Privacy Act of 1974 (Buckley Amendment) to view this letter of recommendation in my file at Rockhurst University.
- I do not wish to waive this right. Rather, I wish to retain the right to view this letter in my file at Rockhurst University.

Signature of Applicant

Date

Instructions to Recommender

The person named to the left is applying for admission to the Rockhurst University Master of Education program, and has asked that you write a letter of recommendation in her/his behalf.

Please attach your letter to this form, place it in a sealed envelope, sign your name over the seal, and return the envelope to the applicant.

Because Rockhurst University is in compliance with Section 504 of the Rehabilitation Act of 1973, we discourage you from referring directly or indirectly to an applicant's disability.

Master of Education Program

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