

EDUCATIONAL INFORMATION

Semester you wish to enter: Fall Spring Summer 1st Summer 2nd Year _____ Full-Time Part-Time

Academic Status Degree Seeking Non-Degree/Licensure Non-Degree/Certificate

Program to which you are applying: _____
 (See attached Instruction Sheet for listing of available programs.)

New Graduate Student Returning Graduate Student Number of Years Relevant Experience (Education Only): _____

If previously admitted to a Graduate Program:

Date Admitted: _____ Dates Attended: _____ Program: _____

Name under which you were enrolled: _____

List in chronological order all colleges and universities you have attended: (If more than three, use a separate sheet.)

Institution	Dates Attended From - To	Major	Degrees and Dates Awarded

Records of Achievement: Please highlight distinctions, awards, honors, fellowships, publications, scholarships, and other recognitions.

List three persons who are qualified to certify as to your abilities and character, and ask them to complete one of the enclosed recommendation forms.

1 _____ 2 _____ 3 _____

Have you taken the GRE Exam? Yes/Date Taken _____ No/Appointment Date _____

Scores sent to Mississippi University for Women (Code 1481) Yes No

MAT Applicants Only: Have you successfully completed:

Praxis I Exam Yes /Date Taken _____ No/Appointment Date _____

Praxis II Exam Yes/Date Taken _____ No/Appointment Date _____

Scores sent to Mississippi University for Women (Code 1481) Yes No

Graduate Assistantships. No, I do not wish to be considered for an assistantship Yes, I wish to be considered for an assistantship and will follow the graduate program assistantship application guidelines. Assistantships are competitively awarded by the graduate program to which you are applying. Please send a letter indicating your interest in an assistantship and a current resume to the appropriate office.

I grant permission for the MUW faculty and staff to use my transcript and records necessary to process my application for admission to Graduate Studies. I hereby certify that, to the best of my knowledge, all information furnished on this form is complete and accurate. I further understand that the falsification of information can lead to immediate dismissal from MUW. I understand that admission to Graduate Studies does not imply acceptance as a candidate for an advanced degree and that completion of graduate study and Graduate Studies procedures are necessary for acceptance as a degree candidate. I have read the regulations of the Graduate Program as contained in the current MUW Bulletin. I understand that all programs must be completed within six years.

Signature _____ Date _____

Mississippi University for Women does not discriminate on the basis of race, color, religion, gender, age, national origin, sexual orientation, disability (when reasonable accommodations can be made), disabled veteran status or veterans of the Vietnam era status in admission or access to, or treatment or employment in, its programs and activities.

INSTRUCTIONS

Send completed application in one package to the appropriate graduate department. This shall include application for graduate admission, all official college transcripts (in a sealed envelope from the originating institutions), three letters of recommendation, immunization certification (MMR not needed if born before 1957), \$25 application fee, graduate scholarship application (if desired), stamped acknowledgement cards. Official GRE (Graduate Record Exam) scores and official Praxis I & II scores may be no more than 5 years old and must be received directly from the testing institution; however, you may also include a copy in your packet for convenience, if desired.

**Interview required for Nursing, Health Education & Educational Leadership Programs.*

Graduate Studies in Education: 1100 College Street MUW-1637, Columbus, MS 39701-5800 SRader@edhs.muw.edu

Health Education Graduate Program: 1100 College Street MUW-1636, Columbus, MS 39701-5800 BChaltry@edhs.muw.edu

Nursing Graduate Program: 1100 College Street MUW-910, Columbus, MS 39701-5800 MJackson@nsgslp.muw.edu or
PSmyth@nsgslp.muw.edu

Speech-Language Pathology Graduate Program: 1100 College Street MUW-1340, Columbus, MS 39701-5800 JTownsend@nsgslp.muw.edu

Physical Theatre Graduate Program: 1100 College Street MUW-70, Columbus, MS 39701-5800 WBiddy@as.muw.edu



Office of Graduate Studies: 1100 College Street MUW-280, Columbus, MS 39701-5800

Tel: (662) 329-7110 Toll free: 877-462-8439 Fax: (662) 241-6230 E-mail: graduatestudies@muw.edu

APPLICATION DEADLINES:

**Please note that Graduate Studies in Education accepts applications on a continual basis. However, to ensure that your application is reviewed prior to the term in which you wish to begin your studies, make note of the following dates:

College of Education:** Spring Term – December 1st
Summer Term – April 1st
Fall Term – August 1st
Application for Graduate Scholarship: 2 months prior to term

College of Nursing & Speech-Language Pathology:
Nursing – April 1st
SLP -- March 1st

**APPLICATIONS ARE KEPT ON FILE FOR ONE YEAR ONLY.*

DEGREES OFFERED:

- Master of Arts in Teaching (MAT)
- Master of Education in:
 - Differentiated Instruction (DI)
 - Educational Leadership (EDL)
 - Gifted Studies (GFT)
 - Reading/Literacy (RL)
- Master of Fine Arts in
 - Physical Theatre (MFA Physical Theatre)
- Master of Science in:
 - Health Education (MSHE)
 - Nursing (MSN)
 - Speech- Language Pathology (SLP)

NON-DEGREE OFFERINGS:

- COLLEGE OF EDUCATION
 - Department Of Education
 - Gifted On-Line Certification (GIFTED-CERT)
- COLLEGE OF NURSING & SPEECH-LANGUAGE PATHOLOGY
 - Post-Masters Certification – MSN (MSN-PM)

Mississippi University for Women

Letter of Recommendation

For Admission to the Graduate Education Program
of Mississippi University for Women

Applicant's name: _____

Social Security number: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, you may decide whether letters of reference written at your request are to be held confidential or whether they are to be available for your personal inspection. Check one of the following statements and place your signature in the space provided so that the evaluator will be advised of your choice.

_____ Confidential file. I grant permission for this letter of recommendation to be held confidential by
Mississippi University for Women

_____ Open file. I retain the choice of having letters of reference available to me.

Signature of Applicant _____

PLEASE MAIL THIS COMPLETED RECOMMENDATION DIRECTLY TO

**Graduate Studies
Graduate Education Program
Mississippi University for Women
1100 College St, MUW-1637
Columbus, MS 39701-5800**

1. Knowledge of the Applicant:

Approximately how long have you known this applicant? _____

How well do you feel you know the applicant? Casually _____ Well _____ Very Well _____

What was the nature of your contact(s) with the applicant?

Instructor/Professor _____ Colleague _____ Employer _____

Other (specify): _____

2. **Evaluation:** In comparison with other students in the same field who have the same amount of experience and training, I rate this person as follows:

	Below Average 1-49%	Average 50-79%	Very Good 80-89%	Excellent 90-95%	Exceptional 96-100%
Points Awarded:	0	1	2	3	4
General academic ability					
Knowledge in subject of proposed study					
Ability to grasp new concepts					
Ability to accept constructive criticism					
Originality, intellectual creativity					
Written and oral expression					
Ability to work with others					
Stability and maturity					
Perseverance toward goals					
Motivation for graduate work					
Potential for success					

3. **Recommendation:** Considering this applicant's academic record, special abilities, ambition, and determination, please indicate your recommendation:

_____ Recommend strongly _____ Recommend with reservation
 _____ Recommend _____ Cannot recommend

4. **Additional Comments:** Please add any comments which you feel will assist in evaluating the applicant's potential to pursue graduate study. You are encouraged to make additional comments by letter. If you wish to do so, please attach your letter to this form so that the department may identify the applicant's choice with respect to the right of access under the Family Educational Rights and Privacy Act.

Name of Evaluator (please print): _____

Signature: _____

Title: _____

Organization: _____

Mississippi University for Women takes affirmative action to admit, teach, grade, discipline, provide financial assistance to, graduate, admit to graduate school, award graduate assistantships and fellowships to, and assist toward placement, all students, without regard to race, color, religion, gender, age, national origin, disability (when reasonable accommodations can be made), disabled veteran status or veterans of the Vietnam era status.

Form No. 121

Certificate of Immunization Compliance

Name of Child/Student/Employee _____ SSN _____ DOB _____

Name of Parent _____

Address _____

Vaccine	Date Each Dose Was Given				
	1 ST	2 ND	3 RD	4 TH	5 TH
Prevnar					
Varicella					
DTaP/DT/Td					
Hib					
Polio					
(2) MMR Required by MUW					
Hep B					
Other					

Check here if prior history of chicken pox.

The individual named above has met the immunization requirements for attendance or employment in a Mississippi day care facility or entry into a Mississippi school, college, or university.

Please check one box only:

Complete until school entry immunizations are due

Complete for school, university/college, work requirements

Incomplete-next immunization is due ____/____/____
Day Year

Month

Record in transit, valid until ____/____/____
Day Year

Month

Date of serological confirmation of immunity

Measles ____/____/____
Month Day Year

Rubella ____/____/____
Month Day Year

Hepatitis B ____/____/____
Month Day Year

Signature of Physician/Health Provider Signature and Title of Issuing Individual

_____/_____/_____
Month Day Year

SPECIAL INSTRUCTIONS

- Day Care Facilities: As part of the child care regulations, every facility must have a Certificate of Immunization Compliance (form 121) or the white computer generated version of the form on file for each child enrolled. Each child's immunization must be up to date.
- Day Care Operators: This form or a copy must be retained by the day care facility in the child's health record. Incomplete forms should be retained in a separate file for appropriate review and follow-up.
- Kindergarten -12th Grade: One dose each of measles vaccine, mumps vaccine, and rubella vaccine (usually administered as MMR vaccine) is required for all students. Two doses of measles-containing vaccine (usually administered as MMR vaccine) are required for first time enters only (five-year-old kindergarten entrants, first grade entrants, first grade entrants who did not attend kindergarten and students transferring to a Mississippi school from out-of-state). Two doses of MMR vaccine are recommended for all students. Beginning August 1999, three doses of hepatitis B vaccine are required for five-year-old kindergarten attendees.
- School Officials: This form or a copy must be filed permanently in the student's cumulative folder. Should a student transfer, the certificate is to be sent with the cumulative folder. Incomplete compliance forms should be retained in a separate file for appropriate review and follow-up.
- College Students: Two doses of measles-containing vaccine (usually administered as MMR vaccine) are required for all first-time enterers to member institutions of the Mississippi university system. Other colleges and junior colleges in the state have chosen to implement a measles-rubella immunity standard for college admission. Students should check with their college for required immunization. After having your health provider completes this form, send it (in a timely manner) to the admissions/registration office of the college or university that you plan to attend. Doing this in advance will simplify the registration process for both students and college officials.
- College Officials: This form should be kept in a permanent file and accessible to representatives of the Mississippi State Department of Health upon request. If not this form, information from it should be transferred with the student, should a change in educational institutions occur.
- Employees: Employees must provide proof of immunity to measles and rubella. After having your health provider complete this form, take or send it to your employer as proof of compliance with immunity requirements for employment. Should a job change occur, reclaim this form since your new employer may require it.
- Employers: This form should be kept in a permanent file accessible to representatives of the Mississippi State Department of Health upon request. Should a job change occur, the form should be returned to the employee.
- Parents: Varicella vaccine is not required if your child has a history of the disease. A history of chicken pox is acceptable without doctor's documentation of lab verification.
- Health Providers: Re-Immunization is necessary when:**
1. Measles vaccine was administered before 12 months of age and/or before January 1, 1968.
 2. Rubella vaccine was administered before 12 months of age and/or before 1969.
- Vaccines not required and when: Rubella and Measles vaccines are not required for females who are pregnant. If pregnancy is suspected, a valid certificate of Medical Exemption From Immunization Requirements for Adults (Form Number 132) is required until pregnancy is resolved.

MISSISSIPPI UNIVERSITY FOR WOMEN

OFFICE OF GRADUATE STUDIES

GRADUATE SCHOLARSHIP APPLICATION

Student ID Number Graduate Degree/Certification Sought

Name LAST FIRST MIDDLE OTHER NAME IN WHICH TRANSCRIPT MAY BE LISTED

Permanent Address

Local Address (IF NOT THE SAME AS PERMANENT ADDRESS)

Work Phone Home Phone

E-Mail Address

Projected Date of Program Completion Are you currently a fully admitted graduate student? Yes No

I am applying for financial assistance for the Semester Total Anticipated Credit Hours For This Semester

Sources of Financial Aid or Scholarships: Employment Family Student Loan Other

Attach a letter stating your need for financial assistance, including any relevant extenuating circumstances. This may include approximate annual household income, and the number of people /dependents living in the household.

Submit this form, along with your letter, to MUW, 1100 College Street, ATTN: Sandi Rader MUW-1637, Columbus, MS 39701-5800, each semester financial assistance is requested. Scholarship assistance is limited to courses 500 and above and for no more than the total hours required for completion of degree sought. Scholarships cannot be awarded until a student has completed all requirements for full admission to Graduate Studies. Students who are currently on academic probation are not eligible to apply. If a student withdraws from classes after receiving graduate scholarship assistance, the scholarship assistance will be automatically terminated for those classes and must be repaid by the student before reapplying for this graduate scholarship. The deadline for submitting this form is two months prior to the day of registration for the semester the student is seeking financial assistance.

I have carefully read the statement above and agree to the guidelines and stipulations as stated. I confirm that the information provided above is accurate and I am eligible to apply for this financial assistance.

Signature of Student Date