

SHAW UNIVERSITY
RALEIGH, NORTH CAROLINA 27601, USA

APPLICATION FOR ADMISSION
MASTER OF SCIENCE IN CURRICULUM AND INSTRUCTION

Type or use ballpoint pen, pressing down firmly. Complete all questions. For questions that do not apply to you, write N/A.

1. Social Security Number: _____ Telephone: _____ (Home)
Telephone: _____ (Work)

2. Legal Name: _____
Last First Middle (Maiden)

3. Former Name: _____ Saluation: (Circle one): Mr. Ms. Miss Mrs. Dr.

4. DATE OF BIRTH _____ 5. GENDER _____ 6. ETHNIC ORIGIN: (Circle one)
____/____/____ F=Female A=Asian I=American Indian
Mo Day Yr M=Male B=Black W=White
H=Hispanic O=Other

7. Name of person through whom you may be contacted throughout the year: _____ Your Citizenship Status:
Last First Middle (Maiden) (Indicate One Only.) _____

8. Relationship: _____ SP=Spouse FA=Father
MO=Mother GU=Guardian

9. Telephone: _____
Home () _____ Business () _____

U=US Citizen
R=Resident Alien
N=Non-Resident Alien
If not US Citizen, indicate
Country of Citizenship

10. Your Permanent Home Address: _____
Number & Street/P.O. Box

_____ City State Zip Country

11. Current Address: (If different from permanent) until _____

Number & Street/P.O. Box

_____ City State Zip Country

12. Address of Contact Person: _____
(If different from above address) Number & Street/P.O. Box

_____ City State Zip Country

13. Year/Term: (Insert year you are applying) 20____

14. List all colleges & universities attended (latest first).

College/University	Location	From-To	Degree

15. If you have taken or will take one of the tests listed below, indicate date and score, if known. In addition, official reports of scores must be sent to us by Educational Testing Service. Our institution number is R5612. (You must include valid scores on the Graduate Record Examination in order to submit a complete application.)

	Date	Score	%
a. Graduate Record Examination, Verbal Aptitude:			
b. Graduate Record Examination, Quantitative Aptitude:			
c. Test of English as a Foreign Language (<i>international students only</i>):			

My scores (check one) ___ will be sent ___ have been sent (give date): _____ ___ One copy of unofficial scores is enclosed.

16. List other institutions to which you are applying.

If you have received fellowships, scholarships, or other academic honors, indicate and give dates.

List other experience, special skills, work, or publications related to proposed plan of study. List foreign travel if it is relevant to your proposed program of study.

List foreign languages you know and degree of fluency. If none, write "none."

Ask two persons who know your academic and professional qualifications well to prepare recommendations on your behalf. Use the Confidential Report Forms enclosed. One professional reference must be from your current or former supervisor. Please list their names and addresses below.

References

Name	Name
Address	Address
Telephone	Telephone

Have you ever been subject to disciplinary action by a college, university or school district?

(If yes, please attach a statement describing the circumstances.)

Yes No

Have you ever been convicted of or arrested for a violation of law other than a minor traffic violation?

(If yes, please attach a statement describing the circumstances.)

Yes No

The following materials should be sent to:

Dr. Joan D. Barrax, Chair
 Department of Education
 Shaw University
 118 E. South Street
 Raleigh, NC 27601

- ❖ Complete application, including an essay, discussing your purpose for pursuing a Master of Science in Curriculum and Instruction.
- ❖ The \$50.00 application fee. **ALL PAYMENTS MUST BE MADE BY CERTIFIED CHECK OR MONEY ORDER** payable to Shaw University, or CASH. Mastercard and Visa are accepted.
- ❖ One unofficial copy of GRE scores is acceptable until official scores arrive from ETS.
- ❖ A current resume of your professional experience
- ❖ Two letters of recommendation

Social Security Number: I am voluntarily providing my Social Security Number on this form with the understanding that it will be used only as my identification number for the internal record-keeping and data processing operation of this institution. I understand from time to time I will be asked to enter this identification number on other institutional forms and documents, and I hereby voluntarily agree to do so only for the purposes of internal record-keeping and data processing operations of this institution as they relate to my status as a student.

The undersigned agrees that the information furnished on this application is complete and correct and that any deliberate omission or falsification of information may result in denial of admission or dismissal.

Applicant's Signature _____

Date _____

LETTER OF RECOMMENDATION

Department of Education
Shaw University
Department of Education

RECOMMENDER SHOULD RETURN FORM TO:

Chair
Department of Education
Shaw University
118 E. South Street
Raleigh, North Carolina 27601

TO BE COMPLETED BY APPLICANT

Year: 200__

Name: _____
Last, Family or Surname First Middle (Maiden) U. S. Social Security Number

DEGREE SOUGHT: M. S. in Curriculum and Instruction

I agree that this recommendation will be held in confidence by officials of Shaw University and I hereby waive any rights I may have to examine it. Yes No

Applicant's Signature: _____

We would appreciate your candid evaluation of the above-named applicant's ability to successfully complete the program of graduate study indicated above. Please use an additional sheet if more space is needed.

On the following scale, please rank the applicant against other students you have known in comparable fields.

Top 2%	Top 10%	Top 25%	Top 50%	No basis for judgment

Recommender's Name _____
First Middle Last

Position or Title _____ Institution _____

Address _____
Street and Number City State Zip Code

Telephone number: _____

Signature _____ Date _____