

APPLICATION for Graduate Admission

Spadoni College of Education

Note: This application should be used only if you wish to be admitted into a 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* (Early and Elementary Grades, Instructional Technology, Literacy)
- Master of Education (M.Ed.) in Educational Leadership*

*Current Teacher Certification 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** You must submit an official transcript from every institution you have attended. Receipt of a baccalaureate or any 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 a university directly to the Office of Graduate Studies. The Office of Graduate Studies does not order transcripts from any institution.

► Official Scores

For M.Ed. programs, an undergraduate Grade Point Average (GPA) of 3.0 (overall) and for M.A.T. programs, an undergraduate GPA of 2.5 (overall) and 2.75 (content area), OR, report of minimum scores on the Graduate Record Examination (GRE) (minimum score of 800 with no less than 400 in both the verbal and quantitative portions), OR, report of a minimum score of 388 on the Miller Analogies Test (MAT) is required. Scores must be no more than five years old. You may contact the University's Testing Center at 843-349-4004.

► Letters of Recommendation

At least two Letters of Recommendation are required with your graduate application. Forms for these recommendations 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. M.Ed. applicants should include one recommendation from their principal, an instructional supervisor or internship supervisor.

► Teacher's Certificate

If you are an applicant for the Master of Education degree in Learning and Teaching or Educational Leadership, submit a copy of your Teacher's Certificate along 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.

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 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 • www.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. 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.	1. I WISH TO BEGIN GRADUATE STUDY AT COASTAL CAROLINA UNIVERSITY. YEAR	JLL TIME PART TIME
	FALL SEMESTER SPRING SEMESTER MAY SEMESTER S	
	Candidates for the Master of Arts in Teaching degree are required to begin study Summer I.	
2.	2. SOCIAL SECURITY NUMBER	
3.	3. LEGAL NAME	
0.	Last First Midd	le Suffix (Jr., III, IV)
4.	4. MAIDEN OR FORMER NAME USED AT OTHER COLLEGES	
5.	5. PERMANENT ADDRESS	
	P.O. Box, RFD, Street	
	City State Zig	code Zip +four
	County	
6.	6. TELEPHONES: Home ()Cell ())
7.	7. E-MAIL ADDRESS	
8.	8. BIRTH DATE (MM/DD/YY) 9. Gender: Male	Female
10.	10. I AM A SENIOR CITIZEN (age 60 or older). Yes No	
11.	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 yo	urself to be.
	American Indian OR Alaskan Native	Black/African American
	Native Hawaiian OR Other Pacific Islander White	
12.	12. DO YOU LIVE IN SOUTH CAROLINA? Yes No If Yes, you must complete page 5 of this application. If all questions are not answered completely, you will be con and Fee purposes.	sidered an OUT-OF-STATE student for Tuition
13.	13. COUNTRY OF BIRTH COUNTRY OF CITIZENSHIP	
14.	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 Gree	n Card.
15.	15. I AM AN INTERNATIONAL STUDENT.	
	I am seeking an F-1 Student Visa.	
16.	16. EMERGENCY CONTACT INFORMATION Check relationship to you: Parent Spouse Guardia	n Other
	Name Last First Midd	le Suffix (Jr., III, IV)
	Home/permanent address: P.O. Box, RFD, Street	
	• • • • •	o code Zip +four
	County	
	Telephones: Home () Work ()	Cell ()

17.	DEGREE SOUGHT Indicate the	degree (and specialization	on, as appropriate) you are se	eeking.			
	Master of Arts in Teachin	ng (M.A.T.) Select speciali	ization				
	O Art (PreK-12)	O English (9-12)	O Mathematics (9-12)	O Music (PreK-12)	O Science (9-12)	O Social Studies (9-12)	
	Master of Education in L O Early and Element	earning and Teaching (M.Ed tary Grades O Ir	I.) Select specialization nstructional Technology	O Literacy			
	Master of Education in E	ducational Leadership (M.E	d.)				
18.	TESTS: Give dates you have	taken or will take the tes	ts.				
	Graduate Record Exam (GR	E): DAT	E1 (MM/DD/YY)		DATE 2 (MM/DD/YY)		
	Miller Analogies Test (MAT):	DAT	E1 (MM/DD/YY)		DATE 2 (MM/DD/YY)		
	Test of English as Foreign La	anguage (TOEFL): DAT	E1 (MM/DD/YY)		DATE 2 (MM/DD/YY)		
19.	I AM A CERTIFIED TEACHER.	Yes No If Yes,	attach a copy of certification	n. Certification number			
20.	I HAVE COMPLETED A MINIMUM	I OF ONE (1) YEAR OF FULL-	TIME TEACHING. Yes] No			
	State/District			J -	Subject/Grade Level		
21.	COLLEGE(S) ATTENDED List be Graduate Studies, Coastal Ca	0	current or most recent first, a	nd ask the institution(s) to for	ward an official transcript o	f your work directly to the Office of	
	Name of school (full name) _				S	State	
	Date entered (MM/YY)		Date leaving (MM/YY)	Degree ear	ned		
	Name of school (full name)				s	State	
	Date entered (MM/YY)		Date leaving (MM/YY)	Degree ear	ned		
	Name of school (full name) _				S	State	
	Date entered (MM/YY)		Date leaving (MM/YY)	Degree ear	ned		
_							
F	OR INTERNATIONAL	APPLICANTS					
22	ARE YOU CURRENTLY STUDY	ING IN THE UNITED STATES	? 🗌 YES 🗌 NO II	Yes, you must submit an I	nternational Clearance Fo	orm.	
	 ALL INTERNATIONAL STUDE Confidential Financial S Letter of Guarantee 		S ARE REQUIRED TO SUBMIT TH	E FOLLOWING FORMS:			
		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 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 trafficrelated.

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? - page 3-

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.

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 www.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 • www.coastal.edu/graduate

APPLICATION FEE: Credit card author Please PRINT clearly.	ization for payment of the ap	plication fee. Complete this section only if you are paying the application fee by credit card.				
Check one: Mastercard	Visa 🗌 Discover	American Express				
Name (Print name as it appears on cre	edit card)					
Credit card number						
Expiration date (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 () _	Daytime telephone ())					

SOUTH CAROLINA RESIDENCY INFORMATION

(To determine In-State Tuition eligibility for Graduate Studies at Coastal Carolina University)

All applicants who claim residency in South Carolina or entitlement to in-state tuition are required to provide the requested information. Please complete this form in its entirety. All applicants who fail to complete all residency questions will be classified as non-residents and billed the out-of-state tuition rate. Additional information may be requested per SC Law 59-112. Personal information Name of Student Social Security number **or** CCU ID Age Date of birth City and State of birth **Residency information** List all addresses where you have lived for more than 30 days during the past 48 months. Begin with the most current address. Address (Street, City, State, Zip code) From: (month/year) To: (month/year) To: (month/year) Address (Street, City, State, Zip code) From: (month/year) From: (month/year) Address (Street, City, State, Zip code) To: (month/vear) Who claimed you for federal income tax purposes in the past calendar year? Relationship _____ □ Self 🗆 Other: Name How long has this individual resided in South Carolina? Years_____ Months List all addresses where this individual has lived during the past 48 months, beginning with the current address. Address (Street, City, State, Zip code) From: (month/vear) To: (month/vear) From: (month/year) Address (Street, City, State, Zip code) To: (month/year) From: (month/year) Address (Street, City, State, Zip code) To: (month/year) List the above named person's: Driver's License: State Date issued (mm/dd/yy) Check one: 🗆 New 🖂 Renewed Expiration date Vehicle Registration: State _____ Date Issued (mm/dd/yy) _____ Check one: DNew DRenewed Has this individual been employed in South Carolina within the past 12 months? \Box Yes \Box No If yes, list employer's information: _____ Dates: From (mm/yy) _____ To (mm/yy) _____ Emplover □ Full-time *OR* □ Part-time City ______ State _____ Telephone (______) _____ If claim for in-state tuition is based upon ACTIVE MILITARY assignment in South Carolina, complete the following information. Documents verifying Military Assignment must be submitted to the Office of Graduate Studies, Coastal Carolina University, P.O. Box 261954, Conway, S.C. 29528-6054. Person on active duty in service: 🔲 Self Parent/Guardian Spouse 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 disgualification of my application for admission to Coastal Carolina University. Date Signature of Applicant



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 • www.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 Signa	ture			
Name			_ Title	
Address				
 Knowledge of the Applicant Approximately how long have you k 		Years		_
How well do you feel you know the a	applicant? 🗌 Casually	🗌 Well	Very well	
• What is the nature of your contact w	ith the applicant?			
Teacher in one class	Major adviser		Employer	
Teacher in more than one class	Research adviser		Other (specify)	
				(continued)

Recommendation for Graduate School Admission • Page 2

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



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 ()	Ce	l ()

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Signed _____

Date

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TO BE COMPLETED BY RECOMMENDER:

Date Signat	ure			
Name			_ Title	
Address				
 Knowledge of the Applicant Approximately how long have you kn 	own the applicant?	Years		_
How well do you feel you know the a	pplicant? 🗌 Casually	🗌 Well	□ Very well	
• What is the nature of your contact wi	th the applicant?			
Teacher in one class	Major adviser		Employer	
Teacher in more than one class	Research adviser		Other (specify)	
				(continued)

Recommendation for Graduate School Admission • Page 2

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

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