

**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



# 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. I WISH TO BEGIN GRADUATE STUDY AT COASTAL CAROLINA UNIVERSITY. YEAR \_\_\_\_\_  
 FALL SEMESTER     SPRING SEMESTER     MAY SEMESTER     FULL TIME     PART TIME  
 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  No  
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.

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*
  - Early and Elementary Grades
  - Instructional Technology
  - Literacy
- Master of Education in Educational Leadership (M.Ed.)**

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 CERTIFIED TEACHER.**  Yes  No If Yes, attach a copy of certification. Certification number \_\_\_\_\_

20. **I HAVE COMPLETED A MINIMUM OF ONE (1) YEAR OF FULL-TIME TEACHING.**  Yes  No  
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.

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](http://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 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?



# 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.**

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## Personal information

Name of Student \_\_\_\_\_  
Social Security number *or* CCU ID \_\_\_\_\_  
Age \_\_\_\_\_ Date of birth \_\_\_\_\_ City and State of birth \_\_\_\_\_

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## 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) _____
Address (Street, City, State, Zip code) _____	From: (month/year) _____	To: (month/year) _____
Address (Street, City, State, Zip code) _____	From: (month/year) _____	To: (month/year) _____

## Who claimed you for federal income tax purposes in the past calendar year?

Self       Other: Name \_\_\_\_\_ Relationship \_\_\_\_\_

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/year) _____	To: (month/year) _____
Address (Street, City, State, Zip code) _____	From: (month/year) _____	To: (month/year) _____
Address (Street, City, State, Zip code) _____	From: (month/year) _____	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:  New     Renewed

Has this individual been employed in South Carolina within the past 12 months?  Yes     No    If yes, list employer's information:

Employer \_\_\_\_\_ Dates: From (mm/yy) \_\_\_\_\_ To (mm/yy) \_\_\_\_\_

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     Spouse     Parent/Guardian \_\_\_\_\_

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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 \_\_\_\_\_



# 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

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## 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?
 

<input type="checkbox"/> Teacher in one class	<input type="checkbox"/> Major adviser	<input type="checkbox"/> Employer
<input type="checkbox"/> Teacher in more than one class	<input type="checkbox"/> Research adviser	<input type="checkbox"/> Other (specify) _____

*(continued)*





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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 ( \_\_\_\_\_ ) \_\_\_\_\_

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Signed \_\_\_\_\_ Date \_\_\_\_\_

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**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)*



