

KENT STATE UNIVERSITY

COLLEGE AND GRADUATE SCHOOL OF EDUCATION, HEALTH, AND HUMAN SERVICES

GRADUATE APPLICATION FOR ADMISSION

Kent State University
Office of Graduate Student Services
418 White Hall
Kent, OH 44242-0001
Phone: (330) 672-2576 Fax: (330) 672-9162
Internet: http://www.ehhs.kent.edu

Probable Enrollment

Date ____/____/____
Term Year

Please Type or Print

If in doubt concerning degree program, please consult the education section of the Graduate Schools Catalog. This application is for:

____ Doctor of Audiology (Au.D.) ____ Doctor of Philosophy ____ Educational Specialist ____ Special Non-Degree
____ Master of Arts ____ Master of Arts in Teaching ____ Master of Education ____ Master of Science

School Psychology Only: ____ Master of Education/Educational Specialist or ____ Master of Education/Doctor of Philosophy

Proposed major in the College of Education, Health, and Human Services (Please refer to the attached major/GRE requirement sheet):

____ (Major -- please be specific) ____ (Concentration -- if applicable)

Social Security Number ____ Birth date ____ Age ____ Male ____ Female ____

Name ____ (Last) ____ (First) ____ (Middle) ____ (Previous last names)

Email Address _____

Mailing Address _____ Phone ____/____/____

City _____ County _____ State _____ Zip _____

How long at above address? years ____ months ____ Have you lived in Ohio for the past 12 months? ____

Permanent Address _____ Phone ____/____/____

City _____ County _____ State _____ Zip _____

Country of Citizenship _____ If you are a foreign visa holder, you must apply for graduate school through the International Admissions Office, 161 Michael Schwartz Center.

What is your ethnicity? ____ Hispanic ____ Not Hispanic or Latino

What is your race? Mark one or more races: ____ Hispanic ____ White ____ Black or African American ____ Asian
____ American Indian or Alaska Native ____ Native Hawaiian or Other Pacific Islander

Have you ever been convicted of a criminal offense or have charges pending against you at this time? (Other than minor traffic violations) ____
Have you ever been dismissed, suspended or placed on probation by any other college or university for a NON-ACADEMIC reason? ____
If YES to either or both statements, you must supply an explanation statement.

All Colleges and Universities attended:

Table with 6 columns: Name of Institution, Location City, State, From MM/YY, To MM/YY, Approx. # of Hours (grad/undergrad), Degree and date received. Rows 1) through 4).

Undergraduate Major _____ Minor _____ If graduate degree holder, list major _____ (over please)

Present Employer _____ City/State _____ Phone _____/_____/_____

May we contact your present employer? Yes _____ No _____

Other Experience in the past five years:

Company or Institution	Address: City/State	Dates	Position

Graduate Record Examination: Testing Date _____ Score _____

(If you have not taken an exam, please indicate in the space provided above the date you intend to complete the exam.)

Recommendations: Please list names and titles of persons familiar with your academic and professional abilities who are sending letters of recommendation. It is suggested that one of these be from a former professor in your major

If you are applying to be a Non-Degree student, are you seeking initial licensure? _____ Yes _____ No

If answering YES, please STOP and contact the Office of Graduate Student Services at 330-672-2576

Do you currently hold a license/certification to teach in the state of Ohio? _____ Yes _____ No

Are you seeking an endorsement to add to your license? _____ Yes _____ No

If answering YES, please check the endorsement that you will be pursuing:

- | | |
|--|--|
| <input type="checkbox"/> Bilingual | <input type="checkbox"/> Pre Kindergarten |
| <input type="checkbox"/> Career Based Intervention | <input type="checkbox"/> Pre Kindergarten Special Needs |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Career-Technical Work-Site Teacher/Coordinator (limited to career-tech license) |
| <input type="checkbox"/> Gifted Intervention Specialist K-12 | <input type="checkbox"/> Early Childhood (grades 4-5) Generalist (Limited to an Early Childhood P-3 license) |
| <input type="checkbox"/> Reading | <input type="checkbox"/> TESOL (Teaching English to Speakers of other Languages) |
| <input type="checkbox"/> Transition to Work | <input type="checkbox"/> Other _____ |

Are you seeking additional licensure? _____ Yes _____ No

If answering NO, indicate why you are taking classes if a Non-Degree student _____

If answering YES, please check the licensure you will be pursuing:

- | | |
|---|--|
| <input type="checkbox"/> Administrative Specialist | <input type="checkbox"/> Library/Media |
| <input type="checkbox"/> Educational Research | <input type="checkbox"/> Mild Moderate Education Needs (K-12) |
| <input type="checkbox"/> Educational Staff Personnel Administrator | <input type="checkbox"/> Moderate Intensive Education Needs (K-12) |
| <input type="checkbox"/> Curriculum, Instruction & Profession Development | <input type="checkbox"/> Pre Kindergarten |
| <input type="checkbox"/> Pupil Services Administration | <input type="checkbox"/> Pre Kindergarten Special Needs |
| <input type="checkbox"/> School Community Relations | <input type="checkbox"/> Principal (PK- 6) |
| <input type="checkbox"/> Vocational Education Administration | <input type="checkbox"/> Principal (4-9) |
| <input type="checkbox"/> Career Based Intervention | <input type="checkbox"/> Principal (5-12) |
| <input type="checkbox"/> Career Technical Education | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Computer/Technology | <input type="checkbox"/> Superintendent |
| <input type="checkbox"/> Early Childhood Intervention Specialist | <input type="checkbox"/> TESOL (Teaching English to speakers of other Languages) |
| <input type="checkbox"/> Gifted (K-12) | <input type="checkbox"/> Transition to Work (Intervention Specialist License or Career Tech) |
| <input type="checkbox"/> Hearing Impaired (PK-12) | |

I attest that the information contained herein is, to the best of my knowledge, complete and accurate. Falsification of information is grounds for denial of admission and/or dismissal.

Signature of Applicant _____ **Date** _____

