

APPLICATION FOR ADMISSION



Send preliminary application documents to the Illinois office for initial review:

- 1. A completed application form. The 2-page application must be typed or printed.
- 2. A *photocopy* of your undergraduate transcript showing the date your degree was conferred, your cumulative GPA, your name, and the name of the institution.*
- 3. A photocopy of your *valid* teaching certificate or teaching license.
- 4. A \$50 non-refundable application fee, payable to NSU.

* Unofficial transcripts are to be submitted **in addition** to your official transcripts.

For full admission, submit all official transcripts to the Florida office within 90 days after the start of class.

Application for: 201040: April 9 - June 18, 2010

FOR OFFICE USE ONLY

| | | |
|------------------------|--------------------------|------------------|
| Ctg. Term: _____ | | |
| Level: F1 | Campus: Z | Admit: F2 |
| Stu Type: B | College: FE | |
| Program: MA_EDU | Major: F750 | |
| Rate Code: FSKY | | |
| Dept: FGTP | Block: F1G3331001 | |

Please declare the degree for which you are enrolling: (Note: Once you have declared your specialization, you cannot switch to another.)

- M.A.T.L. with K-12 Curriculum & Instruction Specialization
- M.A.T.L. with Elementary Reading Specialization
- M.A.T.L. with Elementary Math Specialization
- M.A.T.L. with K-12 Technology Integration Specialization

| | | |
|--------------------------------------|--|--|
| NAME (MR. MRS. MS.; LAST, FIRST, MI) | DATE OF BIRTH (MM/DD/YYYY) | SOC. SEC. # |
| MAIDEN/OTHER NAME | | GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE (CIRCLE ONE) |
| ADDRESS (INCLUDING APT #) | CITY | STATE ZIP CODE |
| TELEPHONE (HOME) | TELEPHONE (INDICATE IF <input type="checkbox"/> WORK OR <input type="checkbox"/> CELL) | EMAIL ADDRESS (INDICATE IF <input type="checkbox"/> HOME OR <input type="checkbox"/> WORK) |

Education

List all post-secondary schools attended. An official transcript is required from every institution that an applicant has attended. Your earned bachelor's degree must be from a regionally accredited college or university. (Please add additional institutions to a separate sheet.)
 Note: If your undergraduate degree was earned from an institution outside of the United States, NSU requires a specific firm to complete your transcript evaluation. Please call 800-463-5174 and select option 3 for more information.

| COMPLETE NAME OF INSTITUTION | STATE | DATE STARTED (MONTH AND YEAR) | DATES ENDED (MONTH AND YEAR) | MAJOR | FIELD | DEGREE AWARDED | GPA |
|------------------------------|-------|-------------------------------|------------------------------|-------|-------|----------------|-----|
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| | | | | | | | |
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Citizenship Status

- U.S. Citizen (go to *Ethnic Origin Data Section*)
 - Resident Alien*
 - Nonresident Alien (answer questions a-d)
- a. Do you require an I-20? Yes No
- b. If you have a visa, indicate status codes _____
- c. Country of citizenship _____
- d. Native Language _____

*Resident alien students are required to submit a copy of their alien registration card. For information contact the international student office at 800.986.3223 ext. 27240.

Ethnic Origin Data (This information is requested for reporting purposes only, and will not be used in any discriminatory manner.)

- Check one of the following: Hispanic White (not of Hispanic origin) Asian or Pacific Islander
- Black (not of Hispanic origin) American Indian or Native Alaskan

Send these preliminary admission documents to:

- Application
- Photocopy of Transcripts
- Teaching Certificate
- Application Fee

Nova Southeastern University
M.A.T.L. Office, B-145C
1900 East Lake Avenue
Glenview, IL 60025

Fax: 847-486-3137

And official sealed transcripts sent to:

Nova Southeastern University
Enrollment Processing Services (EPS)
Attn: Fischler School of
Education and Human Services
3301 College Avenue
P.O. Box 299000
Ft. Lauderdale, FL 33329-9905

NAME

SOCIAL SECURITY #

Teaching Status

Certification Type: Professional Temporary Substitute

EXPIRATION DATE (IF APPLICABLE)

STATE

Employment Please include current then previous employer

| POSITION | SCHOOL DISTRICT | SCHOOL NAME | ADDRESS | CITY/STATE/ZIP | DATE EMPLOYED FROM | DATES EMPLOYED TO |
|----------|-----------------|-------------|---------|----------------|--------------------|-------------------|
| | | | | | | |
| | | | | | | |

Financial Aid

Have you applied (or will you apply) for financial aid and filed a Free Application for Federal Student Aid (FAFSA)? Yes No

Enrollment Partner

If you are enrolling with one or more other students to receive the partner discount, please list all of their names and phone numbers below. Attach an extra sheet if necessary.

NAME

PHONE NUMBER

NAME

PHONE NUMBER

The following questions are for statistical purposes only and will not affect the status of your application. Answering is optional.

What influenced you to apply to this program? _____

How did you find out about this program? _____

Grade Level _____

Number of years teaching _____

Subject(s) taught _____

Type of School: Public Private Parochial

What other types of graduate programs did you consider? Field-based On-campus Distance

Signatures and Declarations:

Have you ever been convicted of a criminal offense, been found guilty or entered a plea of guilty or nolo contendere (no contest), regardless of adjudication? Yes No If the answer is yes, please explain on an attached sheet.

The disclosure obligation is a continuing one. All applicants must report to the Fischler School of Education and Human Services any such event that occurs after filing their application. The admissions committee and the Fischler School of Education and Human Services will consider new information submitted and, in appropriate circumstances, may change the status of applicant or student. Permission is hereby given to make any necessary inquiries. I voluntarily and knowingly authorize any former school, government agency, employer, person, firm, corporation, its officers, employees and agents, or any other person or entity to making a written or oral request for such information. I understand that if I do not currently possess a professional (not temporary) teaching certificate, there may be additional certification requirements to fulfill beyond the academic requirements for my degree. This will not affect the completion and receipt of my degree; only the possible receipt of state teacher certification.

Please note the following statements:

1. I declare that the above information, to the best of my knowledge, is complete and accurate. I have read and I understand the requirements, policies, and procedures stated in the catalog, and I agree to abide by all the rules and regulations of this graduate program and Nova Southeastern University.
2. I give Nova Southeastern University permission to publish and use any photos in which I appear that may be taken during class or other University activities.
3. I declare that I have an earned bachelor's degree from a regionally accredited college or university.

X
SIGNATURE OF APPLICANT

DATE