



# Application for Admission

## Master of Education/College of Education

Please type, print in ink. Send application materials to the Office of Graduate Studies, College of Education, TCU Box 297900, Fort Worth, TX 76129

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Preferred Name \_\_\_\_\_

Other names known by \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Contact Information

Please notify TCU of any changes in contact information made during the admissions process.

### E-mail Address

May we use your e-mail address to communicate with you regarding the status of your application and/or admission decision?  Yes  No

E-mail address \_\_\_\_\_

### Present Address

Please print your address exactly as you wish to receive mail, including zip or postal code and country.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address above is effective through \_\_\_\_\_

### Permanent Address

If different than present address, please print your address exactly as you wish to receive mail, including zip or postal code and country.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Phone Numbers

Please indicate the appropriate country, city or area codes

Home phone \_\_\_\_\_

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

### Type of Admission Requested:

- Degree seeking Graduate Admission: Master of Education
- Non-degree Graduate Admission
- Visiting Student Graduate Admission

FOR OFFICE USE ONLY

TCU ID # \_\_\_\_\_

Application # \_\_\_\_\_

### Educational Plans

Date of planned enrollment \_\_\_\_\_  
Semester, Year \_\_\_\_\_

Have you previously applied to any graduate program at TCU?

Yes  No

If yes, were you admitted? Yes  No

If yes, did you enroll? Yes  No

Will you request that TCU accept transfer graduate credit earned at another university?

Yes  No

Will you be a full-time student (9 hours/semester or more)?

Yes  No

Do you hold a teaching certificate?

Yes  No

If yes, in what area? \_\_\_\_\_

### Demographic Information

Gender:  Female  Male

U.S. Citizen:  Yes  No

If not, country of citizenship: \_\_\_\_\_

**Important: If you are seeking a student visa, please complete the enclosed international student form.**

### Optional Information

The following information request is voluntary and will be used in a nondiscriminatory manner, consistent with applicable civil rights laws.

Racial/Ethnic Background (U.S. citizen only)

- Black, African American
- American Indian, Native American
- Asian, Pacific Islander, Asian American
- White, Caucasian
- Hispanic, Latino, Hispanic American
- Other, please specify: \_\_\_\_\_

Date of Birth \_\_\_\_\_

I certify that the information presented in this application is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Graduate Application

## College of Education

### Major for Degree-Seeking Application

- Counseling (interview required)
- Educational Administration
- Curriculum Studies
- Elementary Education
- Science Education
- Special Education

### Additional Certification/Endorsement Options Available for Degree-Seeking and Non-Degree Seeking Applicants:

- Principal Certification
- Counselor Certification

Master degree programs require two official transcripts from each educational institution attended since high school.

### GRE

If you have taken the following tests, please submit your scores (GRE not required for MED record if taken).

#### Test Scores:

GRE \_\_\_\_\_  
 V \_\_\_\_\_ Q \_\_\_\_\_ A \_\_\_\_\_ Date Completed \_\_\_\_\_

TOEFL \_\_\_\_\_  
 Score \_\_\_\_\_ Date Completed \_\_\_\_\_

Other Tests \_\_\_\_\_  
 Type \_\_\_\_\_ Score \_\_\_\_\_ Date Completed \_\_\_\_\_

### Criminal Background Check

A small fee is required to complete a background check through the District Court. Make money orders or checks payable to Criminal District Court Tarrant County (only if you live in Tarrant County). *Please specify Criminal, not Civil. For information regarding fees, contact the Graduate Office 817-257-7661.*

#### Mail requests to:

**Criminal District Court  
 Criminal Background Check  
 401 W. Belknap St.  
 Fort Worth, TX 76102**

### Letters of Recommendation:

Please provide the name for each of the three individuals whom you have requested to send a letter of recommendation directly to the Office of Graduate Studies, College of Education, TCU Box 297900, Fort Worth, TX 76129. These individuals should be in a position to assess your potential as a graduate student.

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

### Educational Background

Please list chronologically all educational institutions you have attended and provide two transcripts for each college and/ or university previously attended.

\_\_\_\_\_  
 Name of College/University \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_  
 Name of College/University \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_  
 Name of College/University \_\_\_\_\_ Degree \_\_\_\_\_

\_\_\_\_\_  
 Name of College/University \_\_\_\_\_ Degree \_\_\_\_\_

### Requirements for a Completed Application:

- \$50 Application Fee** (Check or Money Order made payable to TCU)
- Application** (Completed and signed)
- One to Two Page Essay** (Please explain your career goals and reason for your interest in the program.)
- 3 Letters of Recommendation** (Must be completed on forms provided)
- Transcripts** (Two official transcripts from each college or university previously attended.)
- Current Criminal Record Search**
- Interview** (Counseling only)
- 3.0 GPA or Higher**

### Deadlines for Completing Application

Summer Admission.....March 16

Fall Admission.....July 16

Spring Admission.....November 16

*It is important to observe these deadlines and requirements. All applications received or completed after the deadlines will be considered for the following semester.*



**Letter of Reference**

APPLICANT:

Please write your name below, and send this form to the individual you have asked to provide your reference report. The reference should be returned directly to *TCU, Graduate Studies, College of Education, TCU Box 297900, Ft Worth, TX 76129.*

Applicant's Name: \_\_\_\_\_

OPTIONAL WAIVER OF RIGHTS:

Under the family Educational Rights and Privacy Act of 1974, students are given the right to inspect their records, including letters of recommendation. In order to encourage candor on the part of the individual completing this form, the student may choose to waive the right of access of this reference report. If you wish to waive the right to examine this reference report, please sign below. If left unsigned, you will have access to the report upon acceptance to the College of Education.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INDIVIDUAL PROVIDING REFERENCE:

Thank you for taking time to assist the Admission Committee in evaluating the applicant named above. This form is provided for your convenience only. Your comments are welcome in whatever format you think is suitable. Since federal legislation grants students and former students access to references such as this, the report can be taken in confidence only if the above Optional Waiver of Rights is signed by the applicant.

How long have you known the applicant? \_\_\_\_\_

In what capacity Have you known the applicant? \_\_\_\_\_

Please comment on any strengths and weaknesses you feel may affect the candidate's performance in graduate studies and in a career in education.

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For each of the qualities listed below, please rate the applicant with regard to his/her potential to successfully complete a Master's Degree in the College of Education.

	Exceptional (Top 5%)	Excellent (Top 20%)	Good (Top Third)	Average (Middle Third)	Poor (Bottom Third)	Unable to Assess
Intellectual Ability						
Maturity						
Motivation						
Leadership Potential						
Interpersonal Skills						
Oral Communication Skills						
Written Communication Skills						
Creativity						
Ability to Work with others						

Please make any additional comments you feel might be helpful for assessing the applicant.

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Please indicate your overall recommendation for this applicant:

- Strongly recommend. The applicant has the potential to be an outstanding student and future educator
- Recommend. The applicant should be admitted and will probably preform at an average or above average level.
- Recommend with reservations. Although the applicant's qualifications are marginal, he/she should be given the opportunity to pursue graduate studies in education.
- Do not recommend.

Name/Title: \_\_\_\_\_

School or Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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School or Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Criminal Background Check**

- 1) **You may either mail a request or go directly to the Criminal District Court and make the request in person. If you have already had a check done while attending TCU, please retrieve a copy from that department. No Criminal Background check may be more than one year old. (We do not accept letter from your school or district, fingerprint boards or any other source.)**
  
- 2) **The cost to have a check completed through the District Court is \$5.00. Make money orders payable to criminal district court, Tarrant county. If you do not live in Tarrant county, please check with your local county for this procedure.**
  
- 3) **Mail requests to: (*specify criminal check and not civil*)  
The phone number for the Criminal District Court is 817-884-1342.**

**Criminal District Court  
Criminal Background Check  
401 W. Belknap St.  
Ft. Worth TX 76102**

- 4) **Please have the Criminal Background check mailed to:**

**Graduate Studies  
TCU Box 297900  
Ft Worth TX 76129**