

Graduate and Licensure Application for Admission
Master of Arts in Teaching
Master of Education
Licensure

APPLICATION FOR ENTRANCE:	
<input type="checkbox"/> Summer 20 ____	<input type="checkbox"/> Fall 20 ____

ENROLLMENT PREFERENCE: (Please check.)	
<input type="checkbox"/> Full-time (must start summer)	<input type="checkbox"/> Part-time

Program (Please check.)

- Master of Arts in Teaching** (initial licensure)
Endorsement Area (Please check.)
 - Curriculum and Instruction (preK–12)
 - Special Education - Learning Disabilities (preK–12)
- Master of Education** (current teachers)
Endorsement Area (Please check.)
 - Special Education - Learning Disabilities (preK–12)
- Initial Licensure Level** (Please check.)
 - Elementary Education (preK–6)
 - Secondary Education (6–12)
 Subject Area: _____

Personal Information (Please type or print clearly in ink.)

Your answers to questions on this form will be regarded as confidential. They are to be used only in the admission process and, if you are admitted, by faculty and administrators who work with you.

Name _____ Preferred Name/Nickname _____
Last First MI

Home Address _____ Home Telephone (_____) _____
City State Zip

Mailing Address (if different) _____ Cell Telephone (_____) _____
City State Zip

Employer _____
 Current Position _____ Work Telephone (_____) _____
 E-mail Address _____ Fax Number _____
 Date of Birth _____ Place of Birth _____ S.S. Number _____

Do you possess a valid teaching license? Yes (If yes, indicate the licensing state _____) No

Are you a U.S. citizen? Yes No (If no, please answer the questions in the first box below.)

What is your country of citizenship? _____	
Are you a U.S. permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Alien Number _____
Is English your first language? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of years in the U.S. _____

If enrolled, will you request to be an on-campus residential student? Yes No

Optional: Responses to questions about your race, your first language (if other than English), the language spoken in your home, and religion help us monitor our success in attracting a diverse group of applicants to Randolph College. Your answer to any of these questions, or your decision not to respond, does not affect your chances for admission. If you are a U.S. citizen or U.S. permanent resident, how would you describe yourself? (Please check one.)	
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Hispanic or Latina
<input type="checkbox"/> Black or African American	<input type="checkbox"/> White or Caucasian
<input type="checkbox"/> Asian or Asian American or Pacific Islander	<input type="checkbox"/> Other (Please specify) _____
What is your first language if other than English? _____ What language do you speak at home? _____	
Religion _____	

School Information

From what college/university did you receive your Bachelor's degree _____

City _____ State _____

Major field of study _____

Completion date _____ GPA at time of application (if known) _____ as of _____/_____/_____

Attach documentation of the following:

PRAXIS I: Reading _____ Writing _____ Math _____ _____
(date taken)

Or SAT Scores: Total _____ Verbal _____ Math _____ _____
(date taken)

Professional Courses/Grades _____/_____
_____/_____
_____/_____

Please list any other colleges and universities previously attended where you were enrolled in a certificate or degree program and/or for academic credit, as well as your high school or GED information.

Name of College or University	City	State	From M/Y to M/Y
-------------------------------	------	-------	-----------------

Name of College or University	City	State	From M/Y to M/Y
-------------------------------	------	-------	-----------------

Name of College or University	City	State	From M/Y to M/Y
-------------------------------	------	-------	-----------------

Name of High School	City	State	Year of Graduation
---------------------	------	-------	--------------------

or GED	City	State	M/Y Awarded
--------	------	-------	-------------

Please provide your former name(s) at the time of attendance at the institutions listed above that will appear on transcripts from those institutions:

How did you learn about the master's program at Randolph College? _____

Personal Statement

In addition, please submit a written statement of 500 words describing your educational goals and your reasons for entering the master's degree program. This statement may be mailed separately or submitted online to the Admissions Office.

Student Signature

I certify that the information submitted in this Application for Admission is complete and true to the best of my knowledge.

Signature _____ Date _____



RANDOLPH COLLEGE

Graduate and Licensure
RECOMMENDATION FOR ADMISSION
Master of Arts in Teaching
Master of Education

Admissions
Randolph College
2500 Rivermont Avenue
Lynchburg, VA 24503-1555
Tel: 434-947-8100 or 800-745-7692
Fax: 434-947-8996
Email: admissions@randolphcollege.edu
Web site: www.randolphcollege.edu

To be completed by Applicant:

Name of Applicant _____

Anticipated Entrance Date [] Summer 20 _____ [] Fall 20 _____

Name of Recommender _____

Title _____

Business Address _____
Street Address

City _____ State _____ Zip _____

Home Phone (_____) _____ Business Phone (_____) _____ E-mail Address _____

Applicant's Signature _____ Date _____

To be completed by Recommender:

• How long have you known the applicant? _____

• Under what circumstances? _____

• Please rate the applicant in the following areas:

Table with 6 columns: PERSONAL ATTRIBUTES, Poor, Average, Good, Excellent, Unable to Comment. Rows include Emotional maturity, Cooperativeness, Courtesy, Reliability, Flexibility, Creativity, Acceptance of criticism, Leadership.

Table with 6 columns: ACADEMIC ATTRIBUTES, Poor, Average, Good, Excellent, Unable to Comment. Rows include Critical thinking, Problem solving, Oral Skills, Writing Skills, Commitment.

• Comments (please attach a letter if necessary):

Signature of Recommender _____ Date _____

This recommendation will be used in the admission process and, if the candidate is admitted, by her or his adviser in planning her or his academic program. Therefore, the information you furnish will be completely confidential and will not be disclosed to anyone including the candidate, except those who, at the discretion of the Dean of Admissions and Student Financial Services, are officially involved in the admission and advising of the candidate. If you have any questions, please contact the Admissions Office at 434-947-8100 or 800-745-7692.

Graduate and Licensure
TRANSCRIPT FORM (High School/College/University)
Master of Arts in Teaching
Master of Education

Admissions
Randolph College
2500 Rivermont Avenue
Lynchburg, VA 24503-1555
Tel: 434-947-8100 or 800-745-7692
Fax: 434-947-8996
Email: admissions@randolphcollege.edu
Web site: www.randolphcollege.edu

Please send my official transcript to:

Admissions Office
Randolph College
2500 Rivermont Avenue
Lynchburg, Virginia 24503-1555

To be completed by Applicant:

Name (Please print.) _____

Social Security Number _____ - _____ - _____ Date of Birth _____

Dates of Attendance: From _____ To _____

Name at Time of Attendance _____

Signature _____ Date _____

Remarks: _____

Thank you very much.