Millersville University

COLLEGE OF GRADUATE STUDIES AND ADULT LEARNING

Admissions Application

Dear Applicant:

We are pleased to learn of your interest in a graduate degree and/or certification program at Millersville University. All application materials must reach the College of Graduate Studies and Adult Learning prior to the appropriate deadline date listed under Application Timelines. Please include all of the following items at the time you submit your application for consideration:

- A non-refundable application fee of \$40.00, payable to Millersville University.
- One (1) official transcript of <u>all</u> baccalaureate and graduate work completed at all colleges or universities you have attended including transfer institutions. Transcripts must bear the official institutional seal and be contained in a sealed institutional envelope. Millersville University graduates need not request a Millersville University transcript.
- Three (3) letters of recommendation in sealed envelopes, preferably from a supervisor or faculty member familiar with your work and academic background.
- A signed academic and professional goals statement (approximately 300 words). Your statement should include experiences which have influenced your decision to pursue post-baccalaureate studies and a self-assessment of your potential for advanced study and service in your chosen field.
- Consult the Graduate Catalog or graduate admissions web page for specific graduate degree program test requirements. Some graduate degree programs do not require an admissions test. Certification applicants and applicants with earned master's degrees are not required to submit admission test score reports. Official score reports, when required, must be sent from the testing service directly to the College of Graduate Studies and Adult Learning. The official score report must be received by the appropriate deadline date. (Note: It will take approximately one month from the test date for the University to receive the official score report.)

Once your application file is complete, it will be forwarded to the appropriate program for an admissions recommendation. If you have any questions about the admissions process, please contact the College of Graduate and Professional Studies at (717) 871-4763. Please send your complete application packet to:

The College of Graduate Studies and Adult Learning c/o Graduate Admissions Millersville University Box 1002 Millersville, PA 17551-0302

Application Timelines

The following programs have firm application deadline dates:

Clinical Psychology School Counseling School Psychology Nursing (FNP)

SESSION	DEADLINE
Fall	January 15
Fall*	June 1
Winter/Spring	October 1

*on a space available basis, for those who have missed the January 15 deadline

Social Work (one deadline only)

SESSION	DEADLINE
Summer	February 1

All other graduate and certification programs take applications on a rolling basis (i.e. no official deadline). However, applicants should use the deadlines stated above as a guideline. Applicants admitted late on the rolling cycle may miss early course registration and not get their preferred courses in their first semester.

Graduate Assistantship Applications (one deadline only)

SESSION Fall **DEADLINE** February 1

Completion of this section is required. The purpose of t Studies will not retain this section of the application in	Required Information this information is to maintain accurate student records. The College of Graduate and Professional hard copy form.
Social Security Number:	Date of Birth: Image: Month Day Year
Pennsylvania Resident: 🛛 Yes 🗌 No	If yes, how long?
U. S. Citizen: 🗌 Yes 🗌 No	If no, are you a Resident Alien? 🛛 Yes 🗌 No
	If no, please indicate your Country of Citizenship
	Visa Classification
Completion of this section is voluntary. The purpose administrative data collections. This information will no Ethnicity: (select one) Hispanic or Latino Not Hispanic or Latino	Supplemental Information of this information is to submit reports to governmental compliance agencies and for university t affect the admissions decision. Race: (select one or more)
Sex: Male Female International Stude	nt: 🗆 Yes 🗋 No 🔹 Veteran: 🖾 Yes 🖾 No

Graduate assistantships are available for master's degree students only. If you wish to be considered for a graduate assistantship, please access the Graduate Assistantship Application from our website, www.millersville.edu/admissions/graduate/current-student-resources/ graduate-assistantships.php, and submit to the College of Graduate Studies and Adult Learning no later than February 1, for full consideration. Graduate Assistantship applications will not be considered until the master's program application is complete.

The College of Graduate Studies and Adult Learning c/o Graduate Admissions Millersville University P.O. Box 1002 Millersville, PA 17551-0302 (717) 871-4763 gradadmissions@millersville.edu

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				C	ounty Codes				
001	Adams	029	Chester	057	Fulton	085	Mercer	113	Sullivan
003	Allegheny	031	Clarion	059	Greene	087	Mifflin	115	Susquehanna
005	Armstrong	033	Clearfield	061	Huntington	089	Monroe	117	Tioga
007	Beaver	035	Clinton	063	Indiana	091	Montgomery	119	Union
009	Bedford	037	Columbia	065	Jefferson	093	Montour	121	Venango
011	Berks	039	Crawford	067	Juniata	095	Northampton	123	Warren
013	Blair	041	Cumberland	069	Lackawanna	097	Northumberland	125	Washington
015	Bradford	043	Dauphin	071	Lancaster	099	Perry	127	Wayne
017	Bucks	045	Delaware	073	Lawrence	101	Philadelphia	129	Westmoreland
019	Butler	047	Elk	075	Lebanon	103	Pike	131	Wyoming
021	Cambria	049	Erie	077	Lehigh	105	Potter	133	York
023	Cameron	051	Fayette	079	Luzerne	107	Schuylkill	998	Foreign
025	Carbon	053	Forest	081	Lycoming	109	Snyder	999	Out Of State
027	Centre	055	Franklin	083	McKean	111	Somerset		

Millersville University does not discriminate on the basis of race, color, religion, national origin, ancestry, sex, age, or disability in admission or access to, or treatment or employment in, its programs and activities. This includes Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendments of 1972, and the Americans with Disabilities Act of 1990. Coordinators: Services for Students with Disabilities—Dr. Sherlynn Bessick, Director, Office of Learning Services, Lyle Hall, 717-872-3178; Title VI and Title IX—Ms. Patricia Hopson-Shelton, Assistant to the President for Social Equity and Diversity, Delaware House, 717-872-3787; ADA Coordinator— Mr. Louis DeSol, Associate Vice President for Human Resources, Dilworth Building, 717-872-3017.

Policy on Auxiliary Aids

Millersville University does not discriminate on the basis of disability status in admission or access to its programs and activities. Individuals are encouraged to make the University aware of any permanent or temporary disability. Arrangements will be made to secure auxiliary aids and services, when necessary, to ensure that such students are not denied the benefits of, excluded from participation in, or otherwise subjected to discrimination under programs and/or activities at Millersville University. This policy extends to full-time, part-time and nondegree students and students enrolled in both credit and noncredit courses.

A Member of Pennsylvania's State System of Higher Education.

APPLICATION FOR GRADUATE PROGRAM ADMISSION

Please respond to all items

Legal Last Name	First MI
M Image: Second sec	Other name under which your current records may appear
Contact Information:	
Number and Street	
City Sta	te Zip Code County Code (see code list on last page)
Email address:	a Code Home phone Home phone Area Code
Admission Type: (Please select all that apply)	
\square I will be attending graduate school for the first time (no p	revious graduate credit from any institution).
\Box I have graduate credits from Millersville University as a <u>no</u>	<u>n-degree</u> student.
\square I have been previously admitted to a Millersville University	y graduate program and now wish to be re-admitted.
\square I have graduate credits from another institution that I wish	n to transfer to a Millersville University degree program.
\square I have earned a graduate degree and wish to pursue a sec	ond graduate degree.
\square I hold a bachelor's degree and wish to work toward certification	on in a field in which I do not now hold any certification.
\Box I will be pursuing a post-master's certification <u>ONLY</u> .	
\Box I am currently enrolled at Millersville University.	
Intended Program: (please select an intended degree, certification, ar	nd/or certificate program):
□ M.Ed. □ M.A. □ M.S. □ M.S.V	
Intended Program of Study/Concentration:	
Certification/Certificate Intended Content Area(s):	
Term and Year you wish to enroll: Fall Winter Spring Summ (Aug-Dec) (Dec-Jan) (Jan-May) (May-A	
Undergraduate College/University Information:	
Institution:	
Address:	State Zip Code Undergraduate GPA (grade point average)
Undergraduate Degree: (check one)	(grade point die lage)
B.A.	Date of Graduation:
B.S.	
B.S. Ed.	
B.F.A.	
Other, please specify	Undergraduate Major

Previous Graduate School Attended (if any, incl	luding Millersville University):	
Institution:		Graduate GPA
Address:	State Zip Code	Major
Date of graduation:	Doctorate, specify of	gree degree fy
Admission Testing:		
Applicants must arrange for the submission of an c intended academic degree program. Applications received. Certification applicants and applicants wi graduate programs do not require the submission	will not be considered complete until the required ith earned master's degrees are not required to su	official score transcripts are
Have you made arrangements for an official score r	report to be sent to Millersville University?	
Yes No Not Applicable/ Not Require	red	
If you what a provide the advaication test and the day		
If yes, please specify the admission test and the dat	ite it was taken:	
Admission Test:		:
	Date	: Position
Admission Test: Recommendations to be Submitted in Support	Date of this Application: (Minimum of 3)	
Admission Test: Recommendations to be Submitted in Support of Name	of this Application: (Minimum of 3) Email Address	
Admission Test: Recommendations to be Submitted in Support of Name	of this Application: (Minimum of 3) Email Address	
Admission Test: Recommendations to be Submitted in Support of Name Current Certification Status: Number of years of teaching experience:	of this Application: (Minimum of 3) Email Address	
Admission Test: Recommendations to be Submitted in Support of Name	of this Application: (Minimum of 3) Email Address	

I hereby certify that information provided in support of this application is complete and accurate.

4. _____ State: _____