Educational Leadership Specialist (Ed.S.) and Doctorate (Ed.D.)
Graduate Studies Application for Admission

CARSON-NEWMAN UNIVERSITY operates within a semester calendar. The fall term begins in late August; the spring term begins in early January. Summer term for the advanced degree programs consists of 6-weeks or 10 weeks terms which run concurrently during June and July. The Doctor of Education and Specialist of Education degrees will be scheduled in a eight week course completion format during the fall and spring semesters.

Required Application Materials
Admission will not be considered until all application requirements have been fulfilled.

OFFICIAL TRANSCRIPTS must be submitted directly from the Registrar of all previously attended colleges or universities to Graduate Admissions and Services. The transcript must include the university seal and the highest degree attained.

THREE RECOMMENDATION FORMS must be completed by persons who are appropriate to judge academic, employment, and character qualifications of the applicant. Respondents may not be relatives.

A WRITTEN STATEMENT OF PURPOSE is required for applicants.

A MINIMUM GRE SCORE (Verbal + Quantitative) of 300 from within the past five years using the most recent scoring guide (40th percentile) including a minimum writing score of 4.0 is required.

A SCHOLARLY WRITING SAMPLE (APA Master’s thesis/research preferred) must be submitted. (Not required for Ed.S. in Collaboration and Counseling)

AN ENTRANCE INTERVIEW conducted by the graduate faculty must be completed. Arrangement for the interview should be made prior to admission to the program by contacting the graduate admissions office.

General Instructions
The application form may be completed online, typed, or printed and completed in black ink, and submitted the applications and official transcripts and other application materials to:

Graduate Admissions for Ed.D./Ed.S. Programs
Carson-Newman University
C-N Box 72025
Jefferson City, TN 37760

PHONE (865) 471-3223
Toll Free 1-800-678-9061
FAX (865) 471-4817
EMAIL adult@cn.edu

IT IS THE APPLICANT’S RESPONSIBILITY to assure that all required documents are on file for the admission which is sought. Please contact the Graduate Admissions office if you have any questions about the application process.
APPLICANT INFORMATION

Legal Name

Last  First  Middle  Other

Address ____________________________________________ □ M □ F

City/State/Zip _______________________________________

Telephone:  Home ___________________________  Cell ___________________________

Business ___________________________  E-mail ___________________________

SSN: ___________________________  Optimal time and type of contact________________________

(Optional - For Financial Aid Purposes Only)

PROGRAM OF CHOICE:

_______ Ed.D. (Doctor of Education) in Administrative Leadership

_______ Ed.D. (Doctor of Education) in Curriculum and Instruction Leadership

_______ Ed.S. (Education Specialist) in Administrative Leadership

_______ Ed.S. (Specialist in Education) in Curriculum and Instruction Leadership

_______ Ed.S. (Specialist in Education) in Collaboration and Leadership in Counseling in School Counseling

_______ Ed.S. (Specialist in Education) in Collaboration in Counseling in Mental Health

I am applying for (circle one) FALL  SPRING  SUMMER  YEAR ________________

LICENSURE INFORMATION

Do you have a Teaching License?  No  Yes

Certificate number(s) and state(s) of licensure _______________________________________

Licensure areas _________________________________________________________________

Years of teaching experience ______________________________________________________

Are you currently working in the field of education?  No  Yes

If yes, name the educational institution and location.____________________________________

Have you ever been convicted of a criminal offense of any nature?  Yes ___ No ___

If yes, explain: __________________________________________________________________

Have you ever attended C-N?  Yes ___ No ___  If so, what year(s) _________________________

Do you have a family member who is an alumnus of C-N?  Yes ___ No ___  Relationship _______________________

How did you learn about the specialist and doctoral programs at C-N? ________________________
EDUCATIONAL DATA

List all colleges and/or universities attended:

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<tr>
<th>Institution(s)</th>
<th>Dates (to/from)</th>
<th>Degree(s)</th>
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Undergraduate major(s)

INTERNATIONAL STUDENTS:  TOEFL Scores: _______  IELTS Scores: _______  PTE Score: _______
Date(s) taken: __________________________________________________________

REFERENCES

Each reference listed should be given a recommendation form by the applicant (Reference Forms are included in this packet).

(1) Academic Reference

Name ________________________________________________________________
Position ____________________________________________________________
Address _____________________________________________________________
Phone ______________________________________________________________

(2) Employment Reference

Name ________________________________________________________________
Position ____________________________________________________________
Address _____________________________________________________________
Phone ______________________________________________________________

(3) Character Reference

Name ________________________________________________________________
Position ____________________________________________________________
Address _____________________________________________________________
Phone ______________________________________________________________

I certify that the information provided in this application is true and correct. I understand that misrepresentation of any of the information supplied by me is sufficient cause for dismissal from Carson-Newman University.

Signature ___________________________________________   Date ________________________________
STATEMENT OF PURPOSE
For Admission to Graduate Studies, Carson-Newman University, Jefferson City, TN 37760

Name of Applicant: ________________________________________________________________

Program for which application has been made: ________________________________________

Please submit a clear statement within the space provided of how this degree will help accomplish your personal, professional, and academic goals.

SIGNATURE __________________________________________________ DATE __________________
Name of applicant (type or print): ________________________________________________

Program for which application has been made: _______________________________________

TO THE APPLICANT: Give these evaluation forms to the references listed on your application and request that they mail or deliver the reference forms directly to the address below. Do not include relatives. Urge them to return these forms immediately. Applications will not be processed until the required recommendations are received. Complete the information above and sign in the space indicated below if you agree to waive your rights to examine this evaluation form once it has been completed.

Under the provision of the federal family educational rights and privacy act of 1974 I agree that the recommendation I am requesting shall be held in confidence by officials of Carson-Newman University, and I hereby waive any rights of access I may have to examine it.

Applicant’s signature _______________________________________________ Date ________________

TO THE EVALUATOR: The applicant listed above is applying for admission to the Advanced Graduate Studies program at Carson-Newman University. Applicants are asked to identify individuals who can provide information about their academic potential, their character/ethics, and their employment record. This individual is requesting that you provide information to the Graduate Studies Admissions and Appeals Committee to assist in his or her admissions process. If the waiver statement above is not signed, this will be available for the applicant's review. Please mail or deliver the reference forms directly to the address below in a timely manner in order to expedite the evaluation of this candidate's application.

1. How long have you known this applicant? __________________________________________

2. In what capacity have you known this applicant? _____________________________________

3. Please rate the applicant on each characteristic by indicating the appropriate ranking.

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<tr>
<th>QUALIFICATIONS</th>
<th>Excellent (Upper 5%)</th>
<th>Superior (6-15%)</th>
<th>Good (16-25%)</th>
<th>Average (26-50%)</th>
<th>Below Average (Below 50%)</th>
<th>No Basis for Evaluation</th>
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<td>Motivation for graduate work</td>
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<td>Understanding of major field</td>
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<td>Ability to analyze ideas</td>
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<td>Ethical standards and integrity</td>
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<td>Oral English expression skills*</td>
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<td>Written English expression skills*</td>
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<td>Potential in research/scholarship</td>
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<td>Technology knowledge and skills</td>
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<td>Potential in leadership</td>
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<td>Ability to work cooperatively, effectively, and with tact</td>
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Based on your knowledge of the applicant and regarding the program to which the candidate has applied, please indicate your recommendation:

___ 1. Strongly recommend admission
___ 2. Recommend admission
___ 3. Recommend admission with reservations
___ 4. Do not recommend admission

Considering the qualifications rated above and the level of your recommendation, please comment on the applicant’s suitability for admission to advanced program graduate school. Cite specific strengths and weaknesses regarding the area(s) about which you are most familiar concerning the applicant (academics, character, and employment).

*For applicants whose first language is not English, please comment further regarding your judgment of the applicant's proficiency in the use of English:

Signature of Evaluator ___________________________ Date ____________

Print Name:___________________________________________________________________

Title: _____________________________________________________________________

Institution/Company/Organization: _________________

Address: __________________________________________________________________

Phone/e-mail: __________________________________________________________________

RETURN RECOMMENDATION FORM TO:
Graduate Admissions – Advanced Programs
Carson-Newman University
C-N Box 72025
Jefferson City, TN 37760