



Master of Arts in Education Application for Admission

Please type or print.

NAME

_____ Last First Middle Maiden/Previous

PERMANENT ADDRESS: _____ Street

_____ City State Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

E-MAIL: _____

TEMPORARY ADDRESS — if different from permanent address above. Valid until _____ / _____ / _____
Month Day Year

_____ Street

_____ City State Zip

TELEPHONE: (____) _____ (____) _____ (____) _____
Home Work Cell

DATE OF BIRTH: _____ / _____ / _____ SOCIAL SECURITY # _____
Month Day Year

GENDER: Female Male

CHECK ONE BOX ONLY: U.S. citizen or permanent resident U.S. visa holder (type) _____
 Other (specify country and citizenship status) _____

ENGLISH IS MY NATIVE LANGUAGE Yes No If "no," what is your native language _____

SPECIALIZATION/OPTION FOR WHICH YOU ARE APPLYING:

Initial Licensure — Elementary with Pre-primary Specialty
 Initial Licensure — Elementary with Middle Level Specialty
_____ (subject area)

Initial Licensure — K-12
Major _____ (subject area)

Initial Licensure — Secondary (5-12)
_____ (subject area)

Certificate/Additional Licensure Area
_____ (license)

FOR WHICH TERM ARE YOU APPLYING?

DEGREE ONLY: Fall 20 _____

CERTIFICATE ONLY: Fall 20 _____ Winter 20 _____ Spring 20 _____





Do you have a valid or renewable teaching license? Yes No

If yes, indicate state _____ Elementary Secondary Teaching field _____

PREVIOUS EDUCATION INFORMATION: You must list ALL colleges and universities, professional and vocational schools you have attended. Attach an additional sheet if necessary. This should include undergraduate and graduate education.

COLLEGE OR UNIVERSITY — Identify location (Non-U.S. citizens also should list secondary schools)	DATES ATT'D FROM/ TO	DEGREE	DATE REC'D/ EXPECTED	MAJOR FIELD	GPA

RECOMMENDATIONS: List the individuals you have asked to submit references. These people should have knowledge of your professional competence and should not be relatives or social acquaintances.

Name _____ Title _____ Organization/Institution _____

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The following information is optional and is requested for use on federal and state reports as well as institutional research. It is not used to determine one's eligibility for admission, nor will it be used in any type of discriminatory manner.

Ethnic Origin (check one): African Asian/Pacific Islander Hispanic/Latino/Chicano
 African-American American Indian/Alaskan Native White
 Multi-ethnic background (please specify) _____

Religious Preference: _____

You must sign the application. It must be accompanied by the nonrefundable graduate application fee of \$35.

To the best of my knowledge, the information given above is true. I understand that misrepresentation of facts on this application will be cause for refusal of admission, cancellation of admission or suspension from St. Catherine University. By signing this application, I agree to abide by the policies and regulations of St. Catherine University.

Signature _____ Date _____

St. Catherine University admits students regardless of race, color, national and ethnic origin, sexual orientation, age, religion, creed, disability, marital status, status with regard to public assistance, membership or activity in state or local commission and sex to all the rights, privileges, programs and activities generally accorded to or made available to students at the University.

It is the applicant's responsibility to ensure that her or his application file is completed by the priority deadline of **July 1**. Applications received after the deadline will be reviewed on a space-available basis. No credentials will be returned to the applicant. Meeting minimum requirements does not guarantee admission.

Submit all materials to: St. Catherine University, Office of Graduate Admission, #4027
 2004 Randolph Avenue, St. Paul, MN 55105

