

# Master of Arts in Education — Curriculum and Instruction

## 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 \_\_\_\_\_

EXPECTED DATE OF ENTRANCE:  Fall 20\_\_  Winter 20\_\_  Summer 20\_\_

Names of learning team members:

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

**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
Name	Title	Organization/Institution

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 the 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 **August 1** (fall), **January 1** (winter), or May 1 (summer). Applications received after the priority 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