



UNIVERSITY of ST. THOMAS

College of Applied Professional Studies

Graduate School of Professional Psychology
School of Education

ADMISSIONS APPLICATION

School of Education

Application Term <input type="checkbox"/> J-Term <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall		Application Year
Have you previously submitted an application to any program or school at the University of St. Thomas? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name (Last, First, MI, Former)		Date of Birth (optional)
Home Address		
City	State	Postal Code
Home Phone	E-mail	
Please indicate your status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent U.S. Resident <input type="checkbox"/> International Student		County of Residence
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship
Employer	Position	
Work Address		
City	State	Postal Code
Work Phone	Preferred Address <input type="checkbox"/> Home <input type="checkbox"/> Work Preferred Phone <input type="checkbox"/> Home <input type="checkbox"/> Work	

Recommended Deadlines:

For Fall Term: June 1
For Spring Term: November 1
For Summer Term: April 1

Final Deadlines

For Fall Term: August 1
For Spring Term: January 1
For Summer Term: May 1

PLEASE INDICATE THE PROGRAM YOU ARE SUBMITTING AN APPLICATION FOR:

On-campus Program Off campus Custom Degree Program _____ Location

Education Specialist

Curriculum and Instruction Educational Leadership

Master of Arts

<input type="checkbox"/> Athletics and Activities Administration <input type="checkbox"/> Community Education Administration <input type="checkbox"/> Curriculum and Instruction K-12 <input type="checkbox"/> Educational Leadership <input type="checkbox"/> Gifted, Creative and Talented Education <input type="checkbox"/> Human Resource and Change Leadership Specialization _____ <input type="checkbox"/> Leadership in Student Affairs <input type="checkbox"/> Learning Technology	<input type="checkbox"/> Police Leadership <input type="checkbox"/> Public Policy and Leadership <input type="checkbox"/> Reading K-12 <input type="checkbox"/> Teaching K-12 (licensure area) _____ Secondary (licensure area) _____ Elementary (licensure area) _____ <input type="checkbox"/> Special Education Concentration _____
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Licensure

<input type="checkbox"/> Community Education Director <input type="checkbox"/> Director of Special Education <input type="checkbox"/> K-12 Principal <input type="checkbox"/> Keyboarding K-8 Endorsement <input type="checkbox"/> Reading K-12 Endorsement	<input type="checkbox"/> Teaching K-12 (licensure area) _____ Secondary (licensure area) _____ Elementary (licensure area) _____ Mid-Level 5-8 Endorsement _____ <input type="checkbox"/> Special Education Concentration _____ <input type="checkbox"/> Superintendent
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Certificate

<input type="checkbox"/> Advanced Curriculum Design <input type="checkbox"/> Autism Spectrum Disorders <input type="checkbox"/> Career Development <input type="checkbox"/> E-Learning <input type="checkbox"/> Gifted, Creative and Talented Education (online) <input type="checkbox"/> Human Resource Development <input type="checkbox"/> Human Resource Management <input type="checkbox"/> International Leadership Certificate <input type="checkbox"/> Non-degree seeking	<input type="checkbox"/> Leadership in Student Affairs <input type="checkbox"/> Learning Technology (online) <input type="checkbox"/> Multicultural Education <input type="checkbox"/> Organization Development <input type="checkbox"/> Orton-Gillingham Reading <input type="checkbox"/> Public Policy and Leadership <input type="checkbox"/> Reading Elementary <input type="checkbox"/> Reading Secondary
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Do you have a valid or renewable educational license from any state?
 Yes No If yes, indicate state _____
 File No. _____

Current Licensure Area
 K-12 (licensure area) _____
 Secondary (licensure area) _____
 Elementary (licensure area) _____
 Other _____

PREVIOUS EDUCATION		
1. Institution Name		
City	State	Country
Major	Degree Sought	
Degree Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended	
2. Institution Name		
City	State	Country
Major	Degree Sought	
Degree Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended	
3. Institution Name		
City	State	Country
Major	Degree Sought	
Degree Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended	
4. Institution Name		
City	State	Country
Major	Degree Sought	
Degree Received <input type="checkbox"/> Yes <input type="checkbox"/> No	Years Attended	

I certify that the information I have provided on it and all other admission materials is complete, accurate and true to the best of my knowledge. I understand that application materials and all supporting documents become the confidential property of the St. Thomas admissions office and cannot be returned to the applicant.

Signature

Date



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PERSONAL REFERENCE CONTACT INFORMATION

Admissions Application
School of Education

APPLICANT REFERENCE FOR

Name (Last, First, MI)

WAIVER OF RIGHT TO ACCESS CONFIDENTIAL STATEMENTS

"I hereby waive my right to inspect the personal reference letters which I am requesting as a requirement for admission. I understand I may not be required by the institution to waive that right as a condition for admissions, employment or honor."

Signature

Date

REFERENCE CONTACT INFORMATION 1

Name

Employer

Position

Work Address

City

State

Postal Code

REFERENCE CONTACT INFORMATION 2

Name

Employer

Position

Work Address

City

State

Postal Code

Mail this form to:

University of St. Thomas
School of Education Admissions
MOH 217
1000 LaSalle Ave
Minneapolis, MN 55403-2009
Or, fax to: 651-962-4169
Questions: 651-962-4550 or 800-328-6819, Ext 2-4550