



Application for Admission to The Graduate School

102 Continuing Education Building • 1200 Murchison Road • Fayetteville NC 28301-4252
Admissions: 910.672.1374 • Main Office: 910.672.1681 • Fax: 910.672.1470

For more information, please visit us at: www.uncfsu.edu/graduateschool

INSTRUCTIONS

Please complete the application carefully, printing clearly. Failure to complete and/or direct materials per these instructions **will** result in delays in the processing of your application. The Graduate School is not responsible for materials improperly submitted.

The non-refundable application fee (\$35) is subject to change. Please confirm and submit the current fee posted at www.uncfsu.edu/graduateschool. Personal check, cashier's check, or money order should be made payable to Fayetteville State University. Cash payments are only accepted at the University cashier's office; cashier's receipt must be attached to the application.

One official copy of your transcript from each college or university attended is required (plus certified English translations for international applicants) for all post-secondary work, even if the coursework appears as transfer credit on another university transcript.

Mail the following to The Graduate School, 1200 Murchison Road Fayetteville NC 28301-4252:

- Completed Application Form
- Application Fee
- Any additional required credentials as listed below

CREDENTIAL REQUIREMENTS

Doctoral Degree Seeking (please provide the following):

1. Official transcript(s) depicting baccalaureate degree and all previous graduate studies
2. Contact ETS promptly and ask that your Graduate Record Examination (GRE) scores be reported to Fayetteville State University (institution #5212). **GRE must have been taken within the last five (5) years.**
3. Three (3) FSU Recommendation Forms for The Graduate School from persons qualified to evaluate the applicant's abilities to pursue graduate work (i.e.; Professors or supervisors, not family and/or friends)
4. Documentation of a minimum of three (3) years of high performance in education or other related experiences
5. A portfolio which includes a vitae, work by the candidate in a project or program of significance with public schools, should be mailed separately to: **Ed. D. Program, Fayetteville State University, 1200 Murchison Road, Fayetteville, NC 28301-4252. Have Questions? Call (910) 672-1810.**

Seeking Professional Development (please provide the following):

Official transcript depicting baccalaureate degree and all previous graduate studies

Seeking Certification (please provide the following):

1. Official transcript(s) depicting baccalaureate degree and all previous graduate studies
2. Two (2) FSU Recommendation Forms for The Graduate School from persons qualified to evaluate the applicant's abilities to pursue graduate work (i.e.; Professors or supervisors, not family and/or friends)
3. See department website for additional requirements (i.e.; interview, resume, or written statement).

Master's Degree Seeking (please provide the following):

1. Official transcript(s) depicting baccalaureate degree and all previous graduate studies
2. The College of Arts and Sciences requires Graduate Record Examination (GRE) scores; the School of Education requires GRE or Miller Analogies Test (MAT); and the School of Business and Economics requires Graduate Management Admission Test (GMAT) scores. *You should contact Educational Testing Services (ETS) for GRE scores, Graduate Management Admissions Council (GMAC) for GMAT scores, or PsychCorp for MAT scores and request that your scores be reported to Fayetteville State University (#5212).*
3. Two (2) FSU Recommendation Forms for The Graduate School from persons qualified to evaluate the applicant's abilities to pursue graduate work (i.e.; Professors or supervisors, not family and/or friends). **NOTE THE FOLLOWING EXCEPTIONS: Three (3) FSU Recommendation Forms are required for applicants applying to School Administration and Social Work programs.**
4. A copy of current teaching license (required only from applicants applying to Master of Education and MSA programs).
5. See department website for additional requirements (i.e.; interview, resume, or written statement).

Seeking Initial Teacher Licensure (please provide the following):

1. Official transcript(s) depicting baccalaureate degree and all previous graduate studies
2. Two (2) FSU Recommendation Forms for The Graduate School from persons qualified to evaluate the applicant's abilities to pursue graduate work (i.e.; Professors or supervisors, not family & friends)

Seeking Renewal of Teacher Licensure (provide the following):

Official transcript depicting baccalaureate degree and all previous graduate studies



Application for Admission to The Graduate School

Step 1: Biographical Information

Name: Mr. Ms. Dr. _____
(Last) (First) (Middle Initial) (Maiden)

Mailing Address: _____
(Street Address or P.O. Box) (City)

(County) (State) (Zip Code)

Residential Telephone: _____ Cellular Telephone : _____

E-Mail Address (es): _____

Current Professional Position: _____ Telephone: _____

Sex/Gender : Male Female Date of Birth: _____
(Month) (Day) (Year)

Place of Birth: _____
(City) (State) (County)

Are you a resident of North Carolina? Yes No If yes _____
 If yes, you must complete the attached NC Residency Form. (County) (Number of Years)

Are you a U. S. Citizen? Yes No If not, please list visa type: _____ Date Issued _____
(Note: Please attach copy of Visa)

Are you a member of the Armed Services stationed in North Carolina? Yes No
 If yes, which branch? Army Air Force Navy Marines Coast Guard

Are you the Dependent Relative of a member of the Armed Services stationed in North Carolina? Yes No

Are you a Veteran? Yes No If yes, will you be receiving VA educational entitlement? Yes No

Ethnic Information:

Are you Hispanic or Latino? Yes No

Select one or more that apply: American Indian or Alaskan Native Asian Black / African American
 Native Hawaiian or Other Pacific Islander White / Caucasian

Please Note: Information related to applicant ethnicity and gender is collected for statistical purposes only and is not a factor in the admissions decision. The U.S. Department of Education requires institutions of higher education that receive federal assistance to report minority group student enrollments. This information will assist in meeting this requirement.

Step 2: Emergency Contact Information

Name: _____ Relationship: _____

Residential Telephone: _____ Cellular Telephone: _____

E-Mail Address (es): _____

Mailing Address: _____
(Street Address or P.O. Box) (City)

(County) (State) (Zip Code)

Step 3: Application Information

Applying for Admission as: *(Please check only one)*

- Degree Seeking Professional Development Teacher Licensure Certification Re-admit

Applying for Admission to: *(Please check one)*

Doctorate in Educational Leadership *(Doctoral applicants admitted for the Fall Semester only)* ~~ADD~~

Master of School Administration *(Admitted for the Fall Semester only)* []

Master of Business Administration []

Master of Arts

Sociology []

Psychology: *(Admitted for the Fall Semester only)*

 Counseling []

 Experimental []

Master of Science

Biology []

Criminal Justice []

Mathematics []

Master of Education

*(Please note: You **must** have at least a Class A Level License in a teaching field to be considered for admission into the Master of Education Degree Program.)*

Elementary Education (K-6) []

 Reading []

Middle Grades Education (6-9):

 Language Arts []

 Mathematics []

 Science []

 Social Studies []

Special Education (6-9):

 Specific Learning Disabilities []

 Mentally Disabled []

 Behaviorally-Emotionally Disabled []

Biology []

Mathematics []

Sociology[]

Master of Arts in Teaching

Middle Grades Education (6-9):

 Language Arts []

 Mathematics []

 Science []

 Social Studies []

Special Education (K-12)

 General Curriculum (K-12): []

 Biology []

 Mathematics []

 Sociology []

Master of Social Work *(Admitted for the Fall Semester only)*

Regular two (2) year track []

Advanced Standing one (1) year track []

Part-time three (3) year track []

Certificate Program

Sociology []

Criminal Justice []

Licensure –Proposed Area: *(For applicants applying to teacher education programs, initial teacher licensure and renewal teacher licensure only)*

- | | | |
|--|---|---|
| Biology [] | Middle Grades Education (6-9): | Physical Education [] |
| Birth to Kindergarten [] | Language Arts [] | Reading (K-12) [] |
| Elementary Education [] | Mathematics [] | Special Education [] |
| English [] | Science [] | (General Curriculum) [] |
| Health Education [] | Social Studies [] | Social Studies [] |
| Mathematics [] | Music Education (K-12) [] | |

Do you currently hold or have you held a North Carolina Teacher License? Yes No

If yes, please specify area(s) _____

Have you attended Fayetteville State University before? Yes No

When do you plan to begin study at FSU? *(Fill in date)*

Fall 20____ Spring 20____ 1st Summer Session 20____ 2nd Summer Session 20____

Please list the following information for all undergraduate and graduate institutions you have attended:

School and Address	Degree Awarded	Major	Month/Year
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you wish to reside on campus? Yes No

Step 4: Campus Safety Questions

To maintain a safe learning community, we must ask the following questions of all applicants. **We cannot accept your application unless you answer these questions and provide required documentation if applicable.** Your "yes" answer to one or more of the following questions will not necessarily preclude your being admitted. However, your failure to provide complete, accurate, and truthful information will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

For the purpose of the following six questions, "crime" or "criminal charge" refers to any crime other than a traffic-related misdemeanor or an infraction. You must, however, include alcohol or drug offenses whether or not they are traffic related.

- 1. Have you been convicted of a crime? ___ Yes ___ No
- 2. Have you entered a plea of guilty, a plea of no contest, a plea of nolo contendere, or an Alford plea, or have you received a deferred prosecution or prayer for judgment continued, to a criminal charge? ___ Yes ___ No
- 3. Have you otherwise accepted responsibility for the commission of a crime? ___ Yes ___ No
- 4. Do you have any criminal charges pending against you? ___ Yes ___ No
- 5. Have you ever been expelled, dismissed, suspended, placed on probation, or otherwise subject to any disciplinary sanction by any school, college, or university? ___ Yes ___ No
- 6. If you have ever served in the military, did you receive any type of discharge other than an honorable discharge? ___ Yes ___ No
___ Currently Serving
___ Never Served

If you answered "yes" to any of the six questions above, please explain the circumstance on the next page.

You must promptly notify the Admissions Office in writing of any criminal charge, any disposition of a criminal charge, or any school, college, or university disciplinary action against you, or any type of military discharge other than an honorable discharge that occurs at any time after you submit this addendum. Your failure to do so will be grounds to deny or withdraw your admission, or to dismiss you after enrollment.

I understand my failure to provide complete, accurate, and truthful information on my original application or the addendum will be grounds to deny or withdraw my admission, or dismiss me after enrollment.

Signature _____ Date

I hereby affirm that all information on this application is complete and accurate. I understand that withholding information or giving false information will result in denial of admissions or dismissal after admission.

Signature _____ Date

"Fayetteville State University is a member institution of **The University of North Carolina**, which is committed to equality of educational opportunity and does not discriminate against applicants, students, or employees based on race, color, national origin, religion, sex, age, or disability."

If you answered “yes” to any of the six questions on the previous page, please explain the circumstance(s) below.

Fayetteville State University

NORTH CAROLINA RESIDENCY FORM

All North Carolina residents must complete and return both sides of this form.

Information Relating to Claimed North Carolina Residence For Tuition Purposes—North Carolina Law (G.S. 116-143.1) requires that “To qualify for in-state tuition, a legal resident must have maintained his domicile in North Carolina for at least 12 months immediately prior to his classification as a resident for tuition purposes.” The information requested on this form must be supplied by every applicant for admission or readmission to Fayetteville State University who claims to be eligible for the North Carolina tuition rate. Complete the form and return it with your application for admission. This information is to be used only in connection with determination of your residence status for tuition purposes.

Answer all questions. Type or print with black ink.

1. Applicant's Full Name _____ Social Security Number (Optional for identification purposes only) _____

2. When do you claim your legal residence in North Carolina began? _____

3. Have you applied to be classified as a resident for tuition purposes at FSU during the last 12 months? Yes No
If yes, decision reached: Resident Non-resident Last term and year you were so classified _____
Term Year

4. Indicate the year and check the earliest term in which you want this residency decision to apply.
Year _____ Fall Spring Summer I Summer II

5. Age _____ Date of Birth _____ Place of Birth _____
Month Day Year City State

6. If citizenship other than U.S., indicate document status (visa, green card) _____ When obtained _____

7. Current Mailing Address _____ Since _____
Street City State Zip Month Year

8. Previous Mailing Address _____ Since _____
Street City State Zip Month Year

9. Father living? No Yes His name _____

10. Mother living? No Yes Her name _____

11. If your parents are divorced, in whose custody are/were you? (For dependent only) _____

12. Name of court-appointed guardian _____ Court appointed at _____ on _____
If Applicable Place Month Year

13. Have you or either of your parents been in active military service within the past 2 years? No Yes

14. If yes, what are the dates of military service? ___/___/___ to ___/___/___ If yes, location of permanent duty station _____

15. Check each of the following you have ever done outside North Carolina:
 Attended secondary school ___/___/___ to ___/___/___ Attended post secondary school ___/___/___ to ___/___/___ Worked ___/___/___ to ___/___/___

(For questions 16-19: Please complete Father, Mother or Guardian information ONLY if you are claimed as a dependent by them.)

16. Permanent Address
Your _____
Father _____
Mother _____
Guardian _____

17. Last Address Outside North Carolina
Your _____ to _____
Father _____ to _____
Mother _____ to _____
Guardian _____ to _____

18. Occupation

Job Title	Address (City, State)	From / To Dates	Hours/Week
Your _____	_____	____/____/____ to ____/____/____	_____
Father _____	_____	____/____/____ to ____/____/____	_____
Mother _____	_____	____/____/____ to ____/____/____	_____
Guardian _____	_____	____/____/____ to ____/____/____	_____

19. Who claimed you last year as a dependent on state and federal income tax returns?

Name	Tax Year	State
Parent _____	_____	_____
Spouse _____	_____	_____
You _____	_____	_____

20. Does anyone intend to claim you as a dependent on state and/or federal income tax returns for the current tax year? Yes No

If you answered YES: Name _____ Relationship to you _____

21. Indicate when and where each of the following was completed during the last two years. The parent or guardian section must be completed by the parent or guardian if you were claimed by them on the most recent tax return.

	SELF	PARENT/GUARDIAN (If applicable)
1. Registered to Vote	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____
	No <input type="checkbox"/>	No <input type="checkbox"/>
2. Voted	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____
	No <input type="checkbox"/>	No <input type="checkbox"/>
3. Called to Serve on Jury Duty	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____
	No <input type="checkbox"/>	No <input type="checkbox"/>
4. Acquired or Renewed Driver's License	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____
	No <input type="checkbox"/>	No <input type="checkbox"/>
5. Acquired Ownership of Property for Use as Your Principal Dwelling	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____
	No <input type="checkbox"/>	No <input type="checkbox"/>
6. Registered Licensed Motor Vehicle (s)	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____	Yes <input type="checkbox"/> State: _____ Date (M/D/Y) _____
	No <input type="checkbox"/>	No <input type="checkbox"/>

If additional information is needed, the applicant will be notified.

I certify that these responses are true to the best of my knowledge, pursuant to reasonable inquiry where needed, and I am aware that my knowing falsification hereon may result in disciplinary action, including denial of admission or dismissal after admission.

Signature of Applicant _____ Date _____

Signature of Parent Or Guardian _____ Date _____
(If Applicant is under 18 Years of Age)