



**Application
for
Admission
to
Graduate Instruction**

Fayetteville State University

INSTRUCTIONS

1. Print or type your response to every question. Failure to respond to questions with delay the admissions process.
2. Enclose the \$35.00 non-refundable application fee (check, money order, or cashier's check payable to Fayetteville State University; please do not submit cash).
3. Mail completed application to:

Office of Admissions
Fayetteville State University
1200 Murchison Road
Fayetteville, NC 28301-4298
Phone: (910) 672-1374
(800) 222-2594

Doctoral Portfolio:
Ed.D. Program
Fayetteville State University
1200 Murchison Road
Fayetteville, NC 28301-4298
Phone: (910) 672-1810

CREDENTIAL REQUIREMENTS

Doctoral Degree Seeking students must provide:

1. Official transcript(s) depicting baccalaureate degree and previous undergraduate and graduate studies.
2. Official results of the Graduate Record Examination (GRE).
3. Three (3) FSU Recommendation Forms for Graduate Studies from persons qualified to evaluate the applicant's abilities to pursue graduate work.
4. Portfolio which includes a vitae, work by the candidate in a project or program of significance with public schools.
5. Documentation of a minimum of three years of high performance in education or other related experiences.

All official credentials are to be mailed directly to the Office of Admissions except the portfolio, which should be mailed to the Ed.D. Program.

Master's Degree Seeking students must provide:

1. Official transcript(s) depicting baccalaureate degree and any other transcript(s) reflecting previous graduate studies.
2. Official results of either the Graduate Record Examination (GRE) or Miller Analogies Test (MAT) for admission to the School of Education, Graduate Record Examination (GRE) for admission to the College of Basic and Applied Sciences and College of Humanities and Social Sciences.
3. Two (2) FSU Recommendation Forms for Graduate Studies. Applicants to the Masters of School Administration and Masters of Social Work are required to submit three recommendations from persons qualified to evaluate the applicant's abilities to pursue graduate work.
4. A copy of teaching license required for applicants to the School of Education.

Students Seeking Initial Teacher Licensure must provide:

1. Official baccalaureate degree transcript(s) and transcript(s) from any former institution(s) relative to graduate studies.
2. Two (2) FSU Recommendation Forms for Graduate Studies from persons qualified to evaluate the applicant's abilities to pursue graduate work.
3. A copy of current teaching license (if applicable).

Students Seeking Renewal of Teacher Licensure must furnish either an official copy of a baccalaureate degree transcript OR a transcript depicting graduate studies.

Students Seeking Professional Development must furnish an official copy of a baccalaureate degree transcript OR a transcript depicting graduate studies.



APPLICATION FOR ADMISSION TO GRADUATE INSTRUCTION

PLEASE TYPE OR PRINT CLEARLY

Social Security Number (Optional)

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1. NAME: Last _____ First _____ Middle Initial _____ Maiden _____

2. MAILING ADDRESS:

Number and Street or PO Box _____ City _____

County _____ State _____ Zip Code _____

3. E-MAIL ADDRESS: _____

3. CURRENT PROFESSIONAL POSITION: _____

4. ARE YOU A RESIDENT OF NORTH CAROLINA? Yes () No ()

4A. If yes, enter county _____ and number of years in North Carolina _____

4B. 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 ()

4D. Are you the Dependent Relative of a member of the Armed Services stationed in North Carolina? Yes () No ()

5. ARE YOU A VETERAN? Yes () No () If yes, will you be receiving VA educational entitlement? Yes () No ()

6. TELEPHONE: Residence - Area Code () _____ Business () _____

7. SEX: Male () Female ()

8. DATE OF BIRTH AND PLACE:

Month _____ Day _____ Year _____ City _____

State _____ Country _____

9. CITIZENSHIP: U.S. Citizen (C) () Resident Alien (R) () Non-Resident Alien (N) ()

10. ETHNIC INFORMATION:

(1) () White (4) () Asian/Pacific Islander

(2) () African-American (5) () Hispanic

(3) () American Indian/Alaskan Native (6) () Other (reserved for non-US Citizens)

11. EMERGENCY CONTACT PERSON:

Name _____ Relationship _____

MAILING ADDRESS:

Number and Street or PO Box _____ City _____ State _____

Zip Code _____ Telephone: Area Code () _____

12. APPLYING FOR ADMISSION AS: (Check only one)

- Degree Seeking () Professional Development (UG) () Readmit ()
 Teacher Licensure (UG) ()

13. WHAT IS YOUR PROPOSED GRADUATE DEGREE PROGRAM?

- DOCTORATE IN EDUCATIONAL LEADERSHIP** () (Doctoral applicants admitted only in the Fall Semester.)
MASTER OF SCHOOL ADMINISTRATION () (Master of School Administration applicants admitted only in the Fall Semester.)
MASTER OF SOCIAL WORK () (Master of Social Work applicants admitted only in the Fall Semester.)

***MASTER OF EDUCATION:**

- Elementary Education (K-6) ()
 Middle Grades Education (6-9)
 Language Arts ()
 Mathematics ()
 Science ()
 Social Studies ()
 Reading (K-12) ()
 Special Education (K-12)
 Specific Learning Disabilities ()
 Mentally Disabled ()
 Behaviorally-Emotionally Disabled ()
 Biology ()
 English ()
 History ()
 Mathematics ()
 Political Science ()
 Sociology ()

MASTER OF ARTS IN TEACHING

- Middle Grades Education (6-9)
 Language Arts ()
 Mathematics ()
 Science ()
 Social Studies ()
 Special Education (K-12)
 Specific Learning Disabilities ()
 Mentally Disabled ()
 Behaviorally-Emotionally Disabled ()
 General Curriculum ()
 Biology ()
 English ()
 History ()
 Mathematics ()
 Political Science ()
 Sociology ()

MASTER OF ARTS:

- English ()
 Political Science ()
 Psychology
 Counseling ()
 Experimental ()
 Sociology ()

MASTER OF SCIENCE:

- Biology ()
 Criminal Justice ()
 Mathematics ()

*Prospective applicants must have a least a Class A Level License in a teaching field to be accepted into the Master of Education Degree Program or their application will not be processed for the Master of Education degree.

14. WHAT IS YOUR PROPOSED LICENSURE AREA (if applicable)?

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

15. YOU CURRENTLY HOLD OR HAVE YOU HELD A N.C. TEACHING LICENSE? Yes () No ()

Specify area(s) _____

16. HAVE YOU ATTENDED FAYETTEVILLE STATE UNIVERSITY BEFORE? Yes () No ()

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? _____

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 ___/___/___

16. **Permanent Address**
 Yours _____
 Father _____
 Mother _____
 Guardian _____

17. **Last Address Outside North Carolina**
 Yours _____ to ___/___/___
 Father _____ to ___/___/___
 Mother _____ to ___/___/___
 Guardian _____ to ___/___/___

18. Occupation

	Job Title	Address (City, State)	From / To Dates	Hours/Week
Yours	_____	_____	____/____/____ 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 individual claiming you on the most recent tax return.

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

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 if Applicant is under 18 Years of Age _____ Date _____