

Application for Admission to the Graduate Program in Education

Please complete all pages of the application to the best of your ability.

Attach a **NON-REFUNDABLE** application fee of \$40.00

(Cash; Cashier Check or Money)



For office use Only

Date Received _____
 Fee Received _____
 Temp. Permit _____

PLEASE PRINT CLEARLY OR TYPE AND SEND TO

Florida Memorial University
 Graduate Programs
 15800 NW 42nd Avenue
 Miami Gardens, FL 33054

Ms. Mrs.
 Mr. Miss.
 Other Title _____

U.S. Social Security Number _____ - _____ - _____

Name		Work Location:
Address		
City, State		Zip Code
Day Phone		Evening Phone
Date of Birth*		Place of Birth*
Native Language		E-mail:
Country of Citizenship		
If you are not a U.S. citizen, check the appropriate letter symbol to indicate type of visa expected upon matriculation at the College:		
Resident - R _____ Parolee - P _____ Student - F _____ Exchange Visitor - J _____ Diplomat - A _____ Other _____		

For which program are you applying?	<input type="checkbox"/> Elem.	<input type="checkbox"/> Reading	<input type="checkbox"/> ESE
<i>Florida Memorial University requires applicants pursuing master's degrees in education to provide proof that they have passed the FLDOE approved basic skills test (i.e., CLAST, Praxis I, or GK) to be admitted to the program.</i>			
Which basic skills test did you pass?	CLAST []	Praxis []	GK [] Date passed:
GRE (Graduate Record Exam)	Verbal []	Quantitative []	Analytical [] Date taken:
TOEFL (if applicable) _____	Paper-based _____	Computer-based _____	
Have you ever attended Florida Memorial University?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If yes, when: _____ Graduation date from Florida Memorial University: _____	
Under what name did you attend?			
What Major?			
On a separate sheet, submit an essay stating your goals for graduate study. Please submit one page typed.			
DO YOU HAVE A FIVE YEAR TEACHING CERTIFICATE	<input type="checkbox"/> NO	<input type="checkbox"/> YES	IF YES, PLEASE SUBMIT A COPY OF THE CERTIFICATE
Are you ESOL endorsed by the State of Florida ?	_____	Yes	_____ No

*Optional Information

Beginning with the most recent institution, list in chronological order colleges and/or universities attended, dates of attendance, major subject(s), and degree(s) received or expected. No action on this application will be taken until official transcripts of ALL academic work are received. You should immediately have an official transcript mailed directly to us from each institution attended.

College or University	Location	Month/Year of Attendance	
Major(s)	Degree(s)		
Major(s)	Degree(s)		
Major(s)	Degree(s)		

What was your undergraduate GPA (grade point average)? _____

List briefly your honors, academic and professional awards, fellowships and memberships and major activities.

Name and address of current employer: _____

OPTIONAL INFORMATION

Disclaimer: The following is intended for use solely in connection with its voluntary or remedial efforts, is on a voluntary basis, will be kept confidential, will be used only in accordance with this provision, and refusal to provide this information will not subject the applicant to any adverse treatment.

How would you describe yourself? Please check one:

- Asian or Pacific Islander
- Black or African-American
- Black, Caribbean, Other
- 9 Other _____
- Black Hispanic
- Native American, Eskimo, or Aleut
- White, Hispanic
- White, Caucasian, Non-Hispanic

CERTIFICATION OF ACCURACY AND TRUTH

I affirm that the information which I have provided on this application form, and any additional material that I submit related to the admission process, is complete and true to the best of my knowledge. I further understand that my admission and subsequent registration may be cancelled if information is found to be false or intentionally omitted. In applying, I agree, if accepted, to familiarize myself with the rules and regulations of Florida Memorial University, and to abide by them.

Signature of Applicant _____ Date _____