



## 2007–2008 Application for Graduate Admission

**I am applying for the:**

**Check one or both:**

- M.S. Educational Counseling
- Pupil Personnel Services: Sch. Cnslg. Credential

**Check one or both:**

- M.Ed. Educational Management
- Preliminary Administrative Services

**Check one:**

- M.Ed. Advanced Teaching

**Check one or both:**

- M.Ed. Special Emphasis
- Multiple Subject Teaching Credential

**Check one or both:**

- M.Ed. Special Emphasis
- Single Subject Teaching Credential (check one)
  - Art
  - French
  - Music
  - Biology
  - Geoscience
  - Physical Educ.
  - Business
  - German
  - Physics
  - Chemistry
  - Health Science
  - Social Science
  - English
  - Mathematics
  - Spanish

At which off-campus geographic location would you like to attend classes?  
\_\_\_\_\_

When do you plan to enroll?

- Fall 2007
- Winter 2008
- Spring 2008
- Summer 2008

Do you plan to apply for Financial Aid?

- Yes
- No
- Not sure

Have you previously been enrolled at the University of La Verne?

- Yes
- No
- When? \_\_\_\_\_

**Return this application to: (application fee of \$50 will be collected at organizational meeting)**

**University of La Verne,  
Regional Campus Administration,  
Statewide Education Programs  
1950 Third Street  
La Verne, CA 91750**

*Additional application materials will be sent to you by your academic advisor.*

Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Birthdate \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Legal Name \_\_\_\_\_

Last	First	Middle Name or Initial	Maiden/Other Names
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Mailing Address \_\_\_\_\_

Street	City	State	Zip (5+4)
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Phone: Home (\_\_\_\_\_) \_\_\_\_\_ Business (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

U.S. Citizen or permanent resident:  Yes  No; If no, current visa or citizenship status: \_\_\_\_\_

Country of Birth \_\_\_\_\_ Veteran  No  Yes (If yes, submit DD214)

**Educational Background**

Official transcripts are required for (1) all coursework completed in the last two years of undergraduate study (i.e. 60 semester hours) as well as those that include courses to be considered to fulfill a prerequisite, and (2) for all graduate coursework. Transcripts must be from a regionally accredited college or university. Official transcripts must be sent by the college or university directly to ULV. Transcript request forms will be sent to you upon the receipt of this application. List all colleges or universities from which you are requesting transcripts. (If you list ULV below, our office will obtain those transcripts for you.)

Name of School	City & State	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Your Undergraduate Major(s) \_\_\_\_\_

Estimated Undergraduate GPA:  Below 2.50  2.50 -2.75  2.75 - 3.00  Above 3.0

Applicants whose undergraduate GPA is less than 2.50 must consult with their academic advisor to determine admission status before enrolling in any course.

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List any graduate courses previously completed which you believe might transfer into the program for which you are applying. Please supply a course description of any courses that are to be evaluated. Courses must have been completed within the past five years, with a grade of "B" or better, and not be part of your undergraduate degree.

College or University	Course #	Course Title	Date Completed	Equivalent ULV Course #

List below two references (not related to you) who are acquainted with your professional qualifications. Include at least one reference from your immediate supervisor. (Reference forms will be sent to you)

Name	Title	Name of Company
1. _____		
2. _____		
3. _____		

**Please Provide All Of The Following Information:**

1. Professional credential(s) for California now held: Please identify (e.g., Emergency, Pre-Intern, Intern, Preliminary, Clear or Professional Clear, Life)

\_\_\_\_\_

\_\_\_\_\_

2. List academic awards, prizes, honors, fellowships or any nonacademic awards of distinction:

\_\_\_\_\_

\_\_\_\_\_

3. List positions which you have held during the last 3-5 years.

Position	Employer	Dates

4. I certify that, to the best of my knowledge, the information furnished in this application is true and complete. I understand that all application materials forwarded to the University become the property of the University and will not be forwarded to another institution, nor returned to me. I also agree to accept the appropriate University catalog as the final basis for decisions about University policy.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Demographic Data**  
The information in this section will not be used to discriminate against applicants. The categories listed below are those developed by the federal government for statistical analysis.

Please Check The Boxes That Apply To You

Gender:     Male     Female

Ethnicity: (U.S. Citizens and U.S. Permanent Residents Only) Check One

American Indian/Alaskan Native                       Caucasian                       Asian American/Pacific Islander

Latino/Hispanic/Mexican-American                       African-American/Black (Non-Hispanic)                       Other \_\_\_\_\_  
Please specify

Decline to state

Thank You for submitting your application. We will be in touch with you to help you complete the admission process.