GRADUATE STUDIES
IN EDUCATION
APPLICATION
**GRADUATE STUDIES IN EDUCATION APPLICATION**

(Please Type or Print Clearly)

Name ____________________________________________________________

First    Middle    Maiden    Last

Address _____________________________________________________________

Street    City    State    Zip

Telephone ___________________________________________________________

Home    Work                             Cell

Social Security Number ___________________________    E-Mail Address ___________________________

Are you 24 years of age or older?  ❑ Yes  ❑ No

Indicate below your academic plans at Union University.

❑ Doctor of Education Degree in Educational Leadership
   Check one:
   ❑ Instructional Leadership (To seek TN Instructional Leadership License; Attach copy of teaching license)
   ❑ Teacher Leadership (Attach copy of teaching license)
   ❑ Higher Education (Available only through Jackson campus)

❑ Education Specialist Degree in Educational Leadership (Attach copy of teaching license)
   Check one:
   ❑ Instructional Leadership (To seek TN Instructional Leadership License)
   ❑ Teacher Leadership
   ❑ Non-Degree: To seek TN Instructional Leadership license

❑ Master of Education Degree (Attach copy of teaching license)
   Check one:
   ❑ Instructional Leadership (To seek TN Instructional Leadership License)
   ❑ Teaching and Learning
   ❑ Non-Degree: Enroll in M.Ed. courses for license renewal

❑ Master of Arts in Education Degree
   Check all that apply:
   ❑ To pursue the Master of Arts in Education Degree
   ❑ To seek initial teacher licensure (Admission to the Teacher Education Program is required)
     What endorsement area will you seek? ___________________________________
   ❑ To add an endorsement to an existing teaching license (Attach copy of teaching license)
     What additional endorsement area will you seek? ___________________________
   ❑ To enroll in graduate courses for license renewal or for personal or professional growth
   ❑ To enroll in graduate courses to be applied to another program
   ❑ Other (Please specify) ___________________________________________________

❑ Master of Urban Education Degree
   (Restricted: Prior acceptance into Memphis Teacher Residency Program required)

What semester do you anticipate enrollment at Union University? ____________________________

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<tr>
<th>For Office Use Only</th>
<th>ID# ____________________________</th>
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<tbody>
<tr>
<td>Program:</td>
<td>EdD    EdS    MAEd-DS    MAEd-ND    MEd    MUEd    Term ____________________________</td>
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<td>Adm Status:</td>
<td>AP     AC     PA     AD     RE     CA</td>
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<td>Application Fee MAEd, MEd, MUEd, EdS ($25)</td>
<td>____________________________</td>
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<tr>
<td>EdD Assessment Fee ($50)</td>
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OFFICIAL TRANSCRIPTS

Official transcripts from all institutions where you have attended since high school must be sent directly to the Office of Graduate Studies in Education, Union University. Course credit from a previous school that appears on the transcript of a subsequent school does not constitute an official transcript. It is the student’s responsibility to see that all official transcripts are submitted as soon as possible to avoid delays in the admission process. Please list below all the institutions you have attended since high school.

<table>
<thead>
<tr>
<th>Name and Location of Institution</th>
<th>Dates Attended</th>
<th>Degree Earned (or number of hours)</th>
<th>Grade Point Average</th>
<th>Name Under Which Transcript will be Issued</th>
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Are you currently enrolled in a college or university? □ Yes □ No

Have you ever been charged, arrested, or convicted of a criminal offense? □ Yes □ No
If yes, please provide specific details. ____________________________________________________________

Federal laws require that, in order to enroll at Union University, one must either be a United States citizen or have proper legal immigration status certification. Prior to enrollment, students must present immigration paperwork to Union’s Designated School Official (DSO) for processing.

Are you a U.S. citizen? □ Yes □ No If no, _____ Permanent Resident _____ Resident Alien _____Non-resident Alien

If you are not a U.S. citizen, an international student application must be completed and submitted with this application.

PROFESSIONAL EXPERIENCE

Current Employer ____________________________________________________________

Give name and location of school, when applicable ____________________________________________

Address ________________________________________________________________ Street City State Zip

Previous Employer (if less than 5 years in current position) ________________________________

Address ________________________________________________________________ Street City State Zip

Do you hold a current teaching license? □ Yes □ No If yes, in which state(s)? ____________________________

Current Endorsement Area(s) ____________________________________________________________

By signing below, I agree to abide by the rules and regulations of the college as described in the current Graduate Catalogue.

_____________________________ ____________________________
Signature of Applicant Date
GENERAL ADMISSION REQUIREMENTS FOR GRADUATE STUDIES IN EDUCATION

• Application for admission to Graduate Studies in Education.
• Application fee of $25 (non-refundable) payable to Union University. Additional $25 Assessment Fee is required for EdD applicants.
• Official transcripts from all institutions attended since high school documenting the minimum program specific GPA.
• Satisfactory writing sample as required by specific program. The sample must be completed in the Office of Graduate Studies in Education during regular office hours.
• Certificate of Immunization form.

IMPORTANT—PLEASE READ

Admission to degree programs will require additional materials. If your plans include seeking a degree or initial teacher licensure or adding an endorsement to an existing teaching license, please see the Graduate Catalogue for specific requirements for program admission. If you have questions, please call the Office of Graduate Studies in Education: Jackson campus 731-661-5523, Germantown campus 901-759-0029, Hendersonville campus 615-447-2500.

Send this application with a $25 non-refundable application fee (payable to Union University) to the appropriate location below. Additional $25 Fee is required for EdD applicants.

Office of Graduate Studies in Education
Union University, Box 1876
1050 Union University Drive
Jackson, TN 38305-3697

Office of Graduate Studies in Education
Union University Germantown
2745 Hacks Cross Road
Germantown, TN 38138

Office of Graduate Studies in Education
Union University Hendersonville
205 Indian Lake Blvd.
Hendersonville, TN 37075

Annual reports indicating compliance with the Student Right-to-Know and Campus Security Act are available in the Office of Safety and Security during regular office hours. Admission to the University does not automatically guarantee admission to specific academic programs within the University.

In compliance with all applicable state and federal law, including provisions of Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973, Union University does not illegally discriminate on the basis of race, sex, color, national origin, age, disability, or military service in admissions; in the administration of its education policies, programs, or activities; or in employment. Under federal law, the university may discriminate on the basis of religion in order to fulfill its purposes. Persons who believe their rights under this policy have been violated should contact Office of the President, Union University.
Note: It is the student’s responsibility to mail this form to the college/university where credit was earned.

Name____________________________________________________ Social Security # ______________________

Student Address ____________________________________________________________
Street City State Zip

Institution ________________________________________________________________

Institution Address ________________________________________________________
Street City State Zip

Name used when officially enrolled ____________________________________________
Last First Middle Maiden

Date of Enrollment ____________________________ Birthdate ____________

Number of official copies requested ______ ( ) Self ( ) For address below. Please mail transcript to:

Check attached for $ ______________________

( ) For address below. Please mail transcript to:

Union University
Graduate Studies in Education, Box 1876
1050 Union University Drive
Jackson, Tennessee 38305-3697

Student Signature____________________________________________________ Date _________________
All graduate students must complete parts A–C.

Name ___________________________________________________ Date of Birth _______________ Phone # _______________________

Address __________________________________________________________ Email ___________________________

A. MEASLES, MUMPS, AND RUBELLA (check one):

❒ Attach copy of Immunization record showing two (2) doses of Measles, Mumps & Rubella (MMR) vaccine

❒ Attach copy of immune MMR titer Date: ___/___/___ Results________________

The state of Tennessee requires all students, born after January 1, 1957, entering colleges and universities to provide proof of two (2) doses of Measles, Mumps, and Rubella (MMR) vaccine on or after the first birthday or proof of immunity to measles with an MMR titer (blood test).

❒ I was born prior to 1957.

B. VARICELLA OR “CHICKENPOX” (check one):

❒ Attach copy of Immunization record showing two (2) doses of varicella vaccine

❒ Attach copy of immune varicella titer Date: ___/___/___ Results________________

❒ Attach letter from health care provider stating that he/she believes student has had chickenpox. Year of illness: ___________

The state of Tennessee requires all students born on or after January 1, 1980 to provide proof of two doses of varicella (chickenpox) vaccine given no earlier than 4 days before 1st birthday or proof of immunity to varicella with a varicella IgG (titer) blood test.

❒ I was born prior to 1980.

Signature of Physician/Provider __________________________ Date _______________________

Name of Physician/Provider ______________________________________________________________________________________

Address _______________________________________________________________________________________________________

C. HEPATITIS B (HBV) IMMUNIZATION:

Recommended for all new students and required for students in the School of Nursing. Hepatitis B (HBV) is a serious viral infection of the liver that can lead to chronic liver disease, cirrhosis, liver cancer, liver failure, and even death. Hepatitis B vaccine is available to all age groups to prevent Hepatitis B viral infection. A series of three (3) doses of vaccine are required for optimal protection. Missed doses may still be sought to complete the series if only one or two have been acquired. The HBV vaccine has a record of safety and is believed to provide lifelong immunity in most cases. Union University Health Services, located on the Jackson Campus, is open Monday – Friday 8 a.m.-4p.m. and offers Hepatitis B vaccine for $50 per injection (price subject to change).

❒ I decline receipt of vaccine to protect for Hepatitis B.

❒ I have received the complete three dose series of the Hepatitis B vaccine.

❒ I plan to receive the Hepatitis B series.

Student Must Sign Here __________________________________________ Date _______________________

I refuse immunization because of religious objections, have attached an official clergy statement, and affirm this reason under the penalties of perjury.

Signature __________________________________________ Date _______________________

Return to:
Union University
Graduate Studies in Education, Box 1876
1050 Union University Drive
Jackson, Tennessee 38305-3697

Contact information:
(731) 661-5523