APPLICATION FOR ADMISSION
GRADUATE PROGRAMS IN EDUCATION
P.O. Box 3450
Cleveland, TN 37320
Phone: (423) 614-8193  Fax: (423) 614-8180
Email: edgrad@leeuniversity.edu

INFORMATION AND INSTRUCTIONS

Application Priority Deadlines:
November 1st - Spring, April 1st – Summer, June 1st – Fall

Application Process

Degree-Seeking Students
- Completed application and writing sample (see below)
- Recommendations from three professional sources (see attached)
- Two official transcripts of all undergraduate and graduate work
- Millers Analogies Test (MAT) or Graduate Records Examination (GRE) aptitude scores taken within the last 10 years
- $25 application fee (non-refundable)
- Graduate Interview
- Background Check and Fingerprinting (see attached)

Non-Degree Seeking Students
- Completed application
- Official transcripts of all undergraduate and graduate work
- $25 application fee (non-refundable)

Writing Sample
Respond to the following in 500 words or less and submit with completed application.
1. Describe your philosophy of teaching
2. Describe your goals in completing this Graduate Program.

Educational Leadership Track
Please note that if you wish to pursue the Leadership Track within the M.Ed. program there are extra materials that must be submitted as well as certain pre-requisites that must be met. Contact the Graduate Office for specific information about this program.

Transcript Evaluation
Students applying to the MAT/license program must have a transcript evaluation. Please complete the included form and return it to the Graduate Studies in Education Office along with copies of all transcripts.
APPLICANT INFORMATION:

Name _______________________________________________  SS#: __________________

I HAVE APPLIED FOR ADMISSION TO:

□ Master of Education in Classroom Teaching  □ Master of Education in Special Education
□ Master of Arts in Teaching  □ Master of Arts in Teaching, Special Education

_________  I waive the right of access to information included on this reference form.
_________  I do not waive the right of access to information included on this reference form.

Applicant's Signature ____________________________ Date __________

REFERENCE INFORMATION: (Applicant should not complete any portion below this line.)

Name (Please Print) _______________________________________________________________

Relationship with applicant _______________________________________________________

Optional Information: Phone # ___________________ Email ___________________________

APPLICANT DATA

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Additional Comments ___________________________________________________________
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REFERENCE'S SIGNATURE ___________________________________________________________

Please Send Completed Form To The Following Address:

Lee University · College of Education · Graduate Programs · P.O. Box 3450 · Cleveland, TN 37320-3450
## APPLICANT INFORMATION:

Name _______________________________________________ SS#: __________________

I HAVE APPLIED FOR ADMISSION TO:

- [ ] Master of Education in Classroom Teaching
- [ ] Master of Education in Special Education
- [ ] Master of Arts in Teaching
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Lee University

Graduate Programs in Education
Reference Form

Applicant Information:

Name __________________________________________ SS#: __________________

I have applied for admission to:

□ Master of Education in Classroom Teaching
□ Master of Education in Special Education

□ Master of Arts in Teaching
□ Master of Arts in Teaching, Special Education

_________ I waive the right of access to information included on this reference form.

_________ I do not waive the right of access to information included on this reference form.

Intellectual Ability

Academic Ability

Motivation

Reputation

Dependability

Estimate of graduate study success

Applicant Data

Excellent    Good    Average    Poor    Unknown

Additional Comments ______________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Reference’s Signature ________________________________

Applicant’s Signature ____________________________  Date __________________

Reference Information: (Applicant should not complete any portion below this line.)

Name (Please Print) __________________________________________

Relationship with applicant __________________________________________

Optional Information: Phone # ___________________ Email ________________

Please Send Completed Form To The Following Address:

Lee University · College of Education · Graduate Programs · P.O. Box 3450 · Cleveland, TN 37320-3450

REVISED: October 1, 2011
Tennessee law requires that all students wishing to be admitted to a teacher education program must first be fingerprinted and have a background check. This must be completed before admittance to the Teacher Education Program. Additionally, students are responsible for the cost of the background check and fingerprinting.

Here is the procedure:

Call the following number to register to be fingerprinted: 1-855-226-2937 or go to www.L1enrollment.com. Click on the Tennessee map – click online scheduling – click on language preference – type in your name – select non-DCS childcare/adoption provider – select Childcare-Related Worker (private) and go from there.

You will be asked for your ORI number – this is a code that will insure that your report will be sent to Lee University. The Lee University ORI number is: TNCC06012.

If you are asked for a Transaction Type or Transaction Number, use the code “DP” which indicates you are a university student.

When you are asked for the agency, indicate “Applicant Pay” since you are responsible for the cost. Applicants may pay for the transaction by debit or credit card by calling 1-855-226-2937 OR at www.L1enrollment.com.

The closest places to have your fingerprints taken are:

**UPS Store** at 114 Stuart Rd. Cleveland (423-478-1141)

**UPS Store** at 2288 Gunbarrel Road, Chattanooga (423-499-4440) The store is in the “Best Buy” / “Hobby Lobby” shopping center, near McAllister’s Deli. You do not have to have an appointment – you may go during store hours:
  - Monday – Friday (8:30 – 7:00)
  - Saturday (10:00 – 4:00)

**AIM Mail Center** at 412 S. White Street, Athens (423-507-9736) during store hours:
  - Monday – Friday (9:00 – 5:00)
  - Saturday (10:00 – 2:00)

Typically, the results should be received by Lee University in 10 business days. Please complete the procedure at least two weeks before you wish to be admitted to the Teacher Education Program. This time frame will allow sufficient time for the Teacher Education Office to process your complete application.
Applicant Waiver

I am applying for admission to the Teacher Education Program or Graduate Education Program at Lee University. By signing this waiver, I am agreeing to the release of any and all of my criminal history that may be in the TBI and FBI criminal databases. Further, I will disclose any arrests, convictions, etc. to the Director of Teacher Education within ten (10) business days of the occurrence.

_________________________________   ____________________
Applicant Name (Printed)    Student ID Number

_________________________________
Applicant Signature

_________________________________
Date

NOTE: The information disclosed in the background report will be handled according to FERPA guidelines.

_________________________________
For Office Use Only

Date of Background Check: __________________  Status ____________

Notes: _______________________________________________________

_________________________________
_________________________________
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TRANSCRIPT EVALUATION REQUEST

NAME _______________________________ SOCIAL SECURITY # _______________________________

ADDRESS (including city, state and zip) _______________________________ PHONE NUMBER _______________________________

CITY ____________ STATE ____________ ZIP CODE ____________ DATE ____________

E-MAIL ADDRESS ________________________________________________

LIST ALL INSTITUTIONS ATTENDED: (PLEASE ATTACH ALL TRANSCRIPTS TO FORM)

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<th>MAJOR</th>
<th>DEGREE EARNED</th>
<th>DATE COMPLETED</th>
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LIST ALL TEACHING EXPERIENCES, INCLUDING STUDENT TEACHING:

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REQUEST EVALUATION FOR...

_____ INITIAL LICENSURE IN ________________________________

_____ ADDITIONAL LICENSURE IN ________________________________

I AM INTERESTED IN COMPLETING THIS LICENSE BY...

_____ TAKING UNDERGRADUATE COURSES.

_____ COMPLETING GRADUATE COURSES WHERE AVAILABLE.

_____ COMPLETING THE M.A.T. (MASTER OF ARTS IN TEACHING) DEGREE.

PLEASE RETURN THIS FORM AND OFFICIAL OR LEGIBLE COPIES OF ALL TRANSCRIPTS TO “LEE UNIVERSITY, COLLEGE OF EDUCATION, GRADUATE PROGRAMS” AT THE ABOVE ADDRESS.
OFF-CAMPUS APPLICATION

DEADLINES—Fall 2011: June 15 & Spring 2012: November 4

housing@leeuniversity.edu  ☎ (423)614-6000  📧 (423)614-8404

PLEASE CHECK THE CRITERIA THAT YOU MEET TO BE ELIGIBLE TO LIVE OFF-CAMPUS:

_____ Local student (Student who is living with immediate relatives in the Cleveland or immediate surrounding area - signature required)

   Relative’s Name (print): ____________________________ Relationship: ____________________________
   Relative’s Signature: ____________________________ Contact Number: ____________________________

_____ Student who is married, widowed, or divorced

_____ Graduate student

_____ Student who is 21 years of age or older as of the date of the first day of classes

_____ Part-time student (enrolled for less than 12 hours)

_____ Student who has lived on campus for at least 4 semesters (does not include summer school).

_____ Student who has completed 60 or more credit hours (not including Summer Honors, dual enrollment, or AP credit).

REQUIREMENTS: • 2.0 GPA Minimum • Not on Chapel Probation • No Accountability Hours •

Semester Applying for Off Campus: ____________________________

Full Name: ____________________________ Lee ID #: ____________________________

LU Email Address: ____________________________ Cell Phone: ____________________________

Cumulative GPA: ________ Chapel Probation (circle one): YES NO

Accountability Hours (circle one): YES NO

Current Residence Hall (if applicable): ____________________________

Current Status (circle one):

   Returning New Transfer Readmit

College Athlete (circle one): YES NOCoach’s Signature (required): ____________________________

If approved, off-campus address: ____________________________

Do you currently have a meal plan? (circle one): YES NO

   If approved, I would like for my meal plan to be (please circle) -

   21 Commuter meal plan 15 No meal plan
   10

-Important Notice-

If approval is granted, your residence hall assignment and waiting list request will be released. Your roll over deposit will be applied to your school account after classes start for the semester you are applying for off campus. Students are not approved to live off campus until they receive written notice of approval. Notice of approval or denial will be sent to your LU Email. Any student who moves off campus without written permission from the Residential Life & Housing Office will be required to move back on campus regardless of signed lease agreement.

Applicant’s Signature: ____________________________ Date: ____________________________

FOR OFFICE USE ONLY

Local Student Confirmed: Y / N

By: ____________________________

Marital Status Confirmed: Y / N

Accountability Hours: Y / N

STATUS:

   Chapel Probation: Y / N

   Part–Time Confirmed: Y / N

   Graduate Confirmed: Y / N

   Birth Date: ____________ Age: ____________

   Semesters on campus: ____________________________ Cumulative GPA: ____________________________

   Cumulative Hours: ____________________________ Current Hours: ____________________________

   ACH: ____________________________

APPROVED DENIED Signature: ____________________________ Date: ____________________________

RLIFE RMAS MPAS File Notification to Student Notify RD
Certificate of Immunization

Questions regarding this form should be directed to the Health Clinic 423-614-8430

Name ___________________________ (printed)

SSN ___________________________ Date of Birth ___________________________

THE STATE OF TENNESSEE AS OF JULY 1, 1998 REQUIRES STUDENTS ENTERING COLLEGES, UNIVERSITIES, AND TECHNICAL INSTITUTES TO HAVE PROOF OF TWO DOSES OF MEASLES, MUMPS, AND RUBELLA VACCINE PRIOR TO REGISTRATION.

AS OF JULY 1, 2011, THE STATE OF TENNESSEE WILL REQUIRE EITHER WRITTEN PROOF OF HAVING HAD CHICKEN POX OR, THE DOCUMENTATION OF AT LEAST THE FIRST DOSE OF THE CHICKEN POX VACCINE (VARICELLA) PRIOR TO REGISTRATION.

IN ADDITION, LEE UNIVERSITY REQUIRES THAT ALL INTERNATIONAL STUDENTS HAVE PROOF OF A TB (TUBERCULOSIS) SKIN TEST THAT WAS ADMINISTERED WITHIN THE PAST 12 MONTHS.

This Certificate of Immunization form must be completed and signed by a Licensed Health Care Provider, and returned to Lee University prior to registration,

OR

You may submit an official copy of a State Health Department or Military Record of Immunization form instead. Failure to provide the proper certification prior to registration will place an encumbrance on your admission.

PART I
(IF APPLICABLE)

_____ Refused immunization(s) because of religious beliefs. Reason(s) affirmed under the penalties of perjury.

Attaching a statement of attestation and scheduling a conference with the Health Clinic Director is required.
Name: ________________________________

PART II
(MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER OR ATTACH AN OFFICIAL COPY OF YOUR IMMUNIZATION RECORD)

MMR (Measles, Mumps, Rubella)
Received two (2) doses of MMR vaccine since the age of twelve months:
Mo/Day/Yr. ____________________________ Mo/Day/Yr. ____________________________
If vaccine is medically contraindicated, list the reason(s) below:

 Had disease(s), confirmed in medical record Mo/Yr. ____________________________
 Laboratory confirmed immunity to the disease by titer: ____________________________ Mo/Yr.

Print name of Physician OR Health Care Professional:

Office Telephone (___) __________________ Address: __________________ City __________________
State __________________ Zip ____________

Health Professional Signature: ____________________________
Date ____________________

PART III
CHICKEN POX IMMUNIZATION(S)

_____ Official Immunization Record attached verifying Chicken Pox disease

_____ Official Immunization Record attached with dates of Varicella Vaccine given:

First dose date __________________ Mo/Yr. Second dose date __________ Mo/Yr.

PART IV
(MUST BE COMPLETED BY A LICENSED HEALTH CARE PROVIDER OR ATTACH AN OFFICIAL COPY OF IMMUNIZATION RECORD)

TUBERCULIN (PPD) SKIN TEST FOR INTERNATIONAL STUDENTS

Date of last Tuberculin skin test (PPD) ________________________________
Positive Reading ______ mm Negative Reading ______

Print name of Physician or Health Professional:

Address: __________________________ City __________________________
Country: __________________________

Health Provider Signature: ____________________________ Date ________