

LEE UNIVERSITY

Application to GRADUATE STUDIES

The application procedure for Lee University Graduate Admission is as follows:

- * Complete application for admission and submit to the individual program admissions office of your choice:

Mailing Address: Graduate Studies in _____
(Select Counseling, Education, MBA, Music, or Religion)
P. O. Box 3450
Cleveland, TN 37320-3450

In addition to the application the following materials must be submitted:

- * \$25 Application Fee (Non-refundable)
- * Official transcript of all college work
- * Essay (See criteria for specific degree program.)
- * Resume (See criteria for specific degree program.)
- * Three recommendation forms (See criteria for specific degree program.)
- * MAT, GRE, or GMAT test scores (taken within last 5 yrs)
(See criteria for specific degree program.)
- * MMR Immunization Verification (if born after January 1, 1957)
- * Proof of Chicken Pox Immunity (Required for full-time students born after 1979.)
- * Proof of a Tuberculin PPD skin test taken within a one-year period of the date of admissions application (Required for International students only.)
- * Interview (See criteria for specific degree program.)

IMPORTANT: Check the catalog or visit www.leegraduate.com to confirm additional individual program requirements.

INTERNATIONAL APPLICANT

In addition to the above listed requirements, international applicants must submit Test of English as a Foreign Language (TOEFL) scores and Notarized Affidavit of Support. The TOEFL and Affidavit of Support must be submitted and accepted by the University prior to review and issuance of the INS form I-20 for U.S. visa. (For detailed information, visit <http://prospects.leeuniversity.edu/info/international/default.asp>.)

GRADUATE ENROLLMENT APPLICATION

APPLICANT INFORMATION (Please print neatly.)

Please indicate the term for which you are applying: Fall 20____ Spring 20____ Summer 20____

Please check the program for which you are applying:

Graduate Studies in Counseling

- M.S. in Marriage & Family Therapy
- M.S. in School Counseling
- M.S. in College Student Development
- M.S. in Holistic Child Development.

Graduate Studies in Education

- M.Ed. in Classroom Teaching
- M.Ed. in Special Education
- M.Ed. in Educational Leadership
- M.A.T. Elementary or Secondary
- M.A.T. in Special Education
- Ed.S. in Educational Leadership
- Ed.S. in Classroom Teaching

Graduate Studies in Business Administration (MBA)

Graduate Studies in Music

- Master of Church Music
- Master of Music – Music Education
- Master of Music – Music Performance
- Master of Music – Conducting
_____ Choral _____ Wind

Graduate Studies in Religion

- M.A. in Biblical Studies
- M.A. in Theological Studies
- M.A. in Ministry Studies

Application Type: Admission Readmission (Yr. last enrolled____) Transfer Non-Degree

Name _____ Social Security Number _____
Last First Middle

Preferred first name _____ Name on transcript(s) if different from above _____

Current Address _____ City _____ State _____

Zip _____ Home State _____

Home Phone _____ Work Phone _____ Cell Phone _____

E-mail address _____

Contact preference (check one): E-mail Home Phone Work Phone Other _____

In case of emergency, notify person listed below:

Name _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Housing Desired? _____ Yes _____ No

Are you a U.S. citizen? Yes No If no, please complete International Section.

INTERNATIONAL SECTION

What is your country of citizenship? _____ What is your country of birth? _____

Please choose one: F-1 Visa Non-resident Alien Permanent Resident of the USA

Visa Number _____ Other Visa Type (please specify) _____

What is your first language, if other than English? _____

GRADUATE ENROLLMENT APPLICATION

For statistical purposes only

Birth Date: _____ / _____ / _____
Month Day Year

Do you identify yourself as a person of Hispanic/Latino or Spanish origin? Yes No

How are you most comfortable describing yourself? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> ASIAN INDIAN | <input type="checkbox"/> HISPANIC | <input type="checkbox"/> PACIFIC ISLANDER |
| <input type="checkbox"/> AMERICAN INDIAN/ALASKAN NATIVE | <input type="checkbox"/> HAWAIIAN | <input type="checkbox"/> UNKNOWN |
| <input type="checkbox"/> ASIAN | <input type="checkbox"/> NON-RESIDENT ALIEN/INTERNATIONAL | <input type="checkbox"/> WHITE |
| <input type="checkbox"/> BLACK OR AFRICAN AMERICAN | <input type="checkbox"/> OTHER | <input type="checkbox"/> DECLINED TO STATE |

Gender: Male Female
Marital Status: Single Married

Religious Affiliation: _____
Church City State

ACADEMIC INFORMATION

List the names and locations of all colleges/universities at which you have taken courses (including Lee if you are a former student) and the degrees you have been awarded starting with the most recent. Please attach an additional sheet if needed. Official transcripts must be mailed directly to your school of choice from **each institution**. Transcripts from international schools must also be submitted.

College/University	City/State	Dates	Degree(s) Earned	Major
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Have you ever been dismissed or placed on probation at another institution for academic reasons? Yes No
If yes, please explain fully on a separate sheet.

List any professional or academic honors you have received: _____

Test Scores (See individual program requirements.)

Date you completed or intend to complete:

Miller Analogies Test (MAT) _____ Graduate Records Examination (GRE) _____ Graduate Management Admission Test (GMAT) _____
(Have test scores forwarded to Lee University by the testing agency. GRE institutional code – 1401; MAT institutional code – 2540)

Have you ever been convicted of a felony or violent misdemeanor? Yes No If yes, please explain fully on a separate sheet.

Employer Information

Employer Name _____

Current Position _____ Beginning Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

E-mail address _____

LICENSURE INFORMATION

Graduate Studies in Counseling:

Do you hold professional credentials in the mental health field? Yes No If yes, list type of credential and the state or organization granting the credential: _____

Have you ever had a license or certificate revoked? Yes No

Are you currently under disciplinary measures from any state or agency? Yes No

If the answer is yes to either of the above questions, please provide details on a separate sheet.

Applicants for the M.S. in School Counseling:

Do you hold a teacher certification? Yes No If yes: Certification Number _____

Type of Certification _____ State in which Certification is held _____

Have you had any para-professional and/or professional educational experience? Yes No

If yes, Year _____ Type _____ Setting _____

Helen Devos College of Education:

I am interested in OR hold a license in...

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Elementary (K-6) | <input type="checkbox"/> Biology (7-12) | <input type="checkbox"/> Business (7-12) | <input type="checkbox"/> Health (K-12) |
| <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Chemistry (7-12) | <input type="checkbox"/> English (7-12) | <input type="checkbox"/> Music (K-12) |
| <input type="checkbox"/> Middle Grades (4-8) | <input type="checkbox"/> Foreign Language (7-12) | <input type="checkbox"/> History (7-12) | <input type="checkbox"/> Phys. Ed. (K-12) |
| | <input type="checkbox"/> Mathematics (7-12) | <input type="checkbox"/> Psychology (9-12) | <input type="checkbox"/> Special Ed. (K-12) |

School of Music: (M.M. Music Education only)

I currently hold certification/licensure in K-12 music education in the state of _____.

- Vocal Instrumental

I have an undergraduate degree in music but am interested in obtaining certification/licensure in K-12 music education.

- Vocal Instrumental

VERIFICATION/SIGNATURE

I understand that withholding information requested in this application or providing false information may make me ineligible for admission to/or continuation in Graduate Studies at Lee University. I certify that the statements herein are correct and complete. I also realize that I must submit additional admissions materials as described in the Graduate Catalog in order to be considered for full admission and financial aid. I further understand that my signature below signifies my consent to disclose educational records to authorized individuals in accordance with FERPA and University policy.

Signature of Applicant

Date

IMPORTANT: Be sure to check the graduate catalog or visit www.leegraduate.com to confirm additional individual program requirements.



Graduate Enrollment Office

P.O. Box 3450 ~ Cleveland, TN 37320

423-614-8691

www.leegraduate.com