

# LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*

Application for  
Graduate Admission

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Educational Leadership Programs

DEPARTMENT OF EDUCATION GRADUATE PROGRAMS

# APPLICATION FOR GRADUATE ADMISSION – EDUCATIONAL LEADERSHIP INSTRUCTIONS FOR COMPLETION

## APPLICATION DEADLINES FOR MATRICULATION

The Department of Education follows a rolling admission policy for graduate applications within the following deadlines:

**April 1** – Fall matriculation | **October 1** – Spring matriculation | **March 1** – Summer matriculation

**NOTE:** Students may register for up to six credit hours while awaiting application completion.

## ADMISSION NOTIFICATION

Admission notification will be made by official letter within two weeks of the application decision.

## APPLICATION CHECKLIST

All application materials must be submitted in one packet to the Office of Graduate Admission. The following is required for application completion.

- \_\_\_\_\_ **Completed Application**
- \_\_\_\_\_ **Nonrefundable Application Fee** — Please include a check or money order for \$50 made payable to Le Moyne College.
- \_\_\_\_\_ **GRE Scores** — Required only for applicants to the School District Business Leader program.  
**Note:** *The GRE requirement may be waived with evidence of an earned master's degree.*
- \_\_\_\_\_ **Official Transcripts** — Send one official sealed transcript from all undergraduate and graduate colleges and/or universities attended. If a school's policy prohibits sending transcripts directly to graduates, please request that they be sent to the Office of Graduate Admission.
- \_\_\_\_\_ **Statement of Purpose**
- \_\_\_\_\_ **Two Letters of Recommendation** — If applying to the school building leader or school district leader programs, at least one written recommendation must be included from a certified school administrator familiar with your work as a professional educator. Please ask these people to seal the envelope and sign over the sealed back before sending the letters of recommendation to you.
- \_\_\_\_\_ **Résumé**
- \_\_\_\_\_ **Teaching Certificate(s)** — If applicable, please submit a copy if applying for the School Building or School District Leadership program.
- \_\_\_\_\_ **Verification of Employment Experience** — To be completed for applicants to the School Building Leadership and School District Leadership programs.
- \_\_\_\_\_ **Transfer Credit Evaluation Form** — Up to nine Leadership/Education Administration graduate credits may be considered for transfer credit. If you are requesting transfer credit, you must submit this form with your application.

## COMPLETED APPLICATION PACKET

Please send completed application packet to:

Office of Graduate Admission  
Attn: Graduate Education Programs  
Le Moyne College  
Reilly Hall 342  
1419 Salt Springs Road  
Syracuse, NY 13214-1301

**Phone:** (315) 445-5444

**Fax:** (315) 445-6027

**Email:** GradAdmission@lemoyne.edu

**Note:** New York state law requires all students to submit immunization records before registering for courses. Please find instructions and the Immunization Record and the Meningococcal Meningitis Vaccination Response forms at [www.lemoyne.edu/health\\_center](http://www.lemoyne.edu/health_center). If you have questions, please contact Student Health Services at (315) 445-4440.

# LE MOYNE COLLEGE

## APPLICATION FOR GRADUATE ADMISSION EDUCATIONAL LEADERSHIP

### PERSONAL DATA

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Social Security # \_\_\_\_\_ Date \_\_\_\_\_

Legal Name (Last, First, Middle) \_\_\_\_\_ Other Name, If Applicable \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  Female  Male

Do you consider yourself to be Hispanic/Latino?  Yes  No

In addition, select one or more of the following racial categories to describe yourself:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

How did you hear about the education programs at Le Moyne College?

- |   |  |
|---|--|
| <input type="checkbox"/> Attendance at a specialized graduate forum/fair (city) _____ | <input type="checkbox"/> Alumnus/a (name) _____  |
| <input type="checkbox"/> Visit to Le Moyne College                                    | <input type="checkbox"/> Faculty member at your undergraduate school                     |
| <input type="checkbox"/> Poster advertising the graduate programs                     | <input type="checkbox"/> Placement/career counseling office at your undergraduate school |
| <input type="checkbox"/> College listing (guide) _____                                | <input type="checkbox"/> Friend  |
| <input type="checkbox"/> Letter from the program                                      | <input type="checkbox"/> Le Moyne College Web site                                       |
| <input type="checkbox"/> Printed ad (what publication) _____                          | <input type="checkbox"/> Another Web site  |
|   | <input type="checkbox"/> Other _____   |

### RECORD OF EMPLOYMENT

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Present Employer \_\_\_\_\_ Position \_\_\_\_\_

Dates of Employment \_\_\_\_\_

Address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

### REFERENCES

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Please list the names of two professional references who can attest to your ability to be successful in an educational leadership program. If applying to the school building leader or school district leader programs, at least one written recommendation must be included from a certified school administrator familiar with your work as a professional educator.

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

## ACADEMIC HISTORY

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List below the college from which you graduated and other college(s) you have attended. All college-level work must be included. You must request, in writing, that each of these institutions send official transcripts to you for inclusion in your application packet. If a school's policy prohibits sending transcripts directly to graduates, please ask a school official to send them to the education department at Le Moyne College.

Institution (State, Country)	Dates Attended	Major Field	Degree Earned	Date Awarded	GPA (4.0 scale)

Are you eligible for veteran benefits?  No  Yes

Have you ever been found responsible for a disciplinary violation at an educational institution you have attended from ninth grade (or international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in your probation, suspension, removal, dismissal or expulsion from the institution?  No  Yes

Have you ever been convicted of a misdemeanor, felony or other crime?  No  Yes

If you answer yes to either or both questions, please attach a separate sheet that gives the approximate date of each incident and explanation of the circumstances.

Have you any disabilities which need to be taken into consideration concerning the College facilities?  Yes  No

If yes, please specify \_\_\_\_\_

## ACADEMIC PLAN

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I am applying for the following semester  Fall  Spring  Summer Year \_\_\_\_\_

I plan to study  Full time  Part time

## DEGREE PROGRAM OF STUDY

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### Educational Leadership

- School Building Leadership (with New York state certification)
  - Certificate of Advanced Studies (CAS)
  - Master of Science in Education (MSEd)
- School District Leadership (with New York state certification)
  - Certificate of Advanced Studies (CAS)
  - Master of Science in Education (MSEd)
- School District Business Leader (with New York state certification)
  - Certificate of Advanced Studies (CAS)
  - Master of Science in Education (MSEd)

## STATEMENT OF PURPOSE

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### **Educational Leadership Program Applicants**

Please write a personal statement that includes the following:

Explain your motivation for entering the Le Moyne College Educational Leadership Program. Describe the environment you hope to create within your school building and/or district. How will the Educational Leadership Program help you achieve your professional goals?

I certify that the information I have provided on this application is correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission.

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

# LE MOYNE COLLEGE

## Education Department Graduate Programs Educational Leadership

### TRANSFER CREDIT REQUEST FORM

**Who should use this form:** Individuals requesting transfer credits. Up to nine credits of course work in educational leadership and/or educational administration may be considered.

For transfer credit evaluation, please complete this form and submit it with your application.

If you have questions about this form or about transfer credit, please contact the Department of Education at (315) 445-4376.

### TO BE COMPLETED BY APPLICANT

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Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Names of colleges and/or universities for which transcripts are being submitted for evaluation:

\_\_\_\_\_  
\_\_\_\_\_

### CERTIFICATE AREA OF STUDY

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**Please check the certificate area you wish to obtain.**

- School Building Leadership
- School District Leadership
- School District Business Leader

# LE MOYNE COLLEGE

## Department of Education Graduate Programs Educational Leadership

### VERIFICATION OF EMPLOYMENT EXPERIENCE

Candidates for the Le Moyne College **School Building Leadership** and **School District Leadership** programs must have three (3) years experience as a teacher, administrator/supervisor or pupil personnel service provider.

#### TO BE COMPLETED BY APPLICANT

Name (Last, First, Middle) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Social Security # \_\_\_\_\_

#### TO BE COMPLETED BY HUMAN RESOURCES

The candidate named above has been employed from \_\_\_\_\_ to \_\_\_\_\_

In the position of \_\_\_\_\_

At (school) \_\_\_\_\_ District \_\_\_\_\_

Signed,

Human Resources Director \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

Please send completed form packet to:

**Office of Graduate Admission**  
Attn: Graduate Education Programs  
Le Moyne College  
Reilly Hall 342  
1419 Salt Springs Road  
Syracuse, NY 13214-1301

**Phone:** (315) 445-5444

**Fax:** (315) 445-6027

**Email:** GradAdmission@lemoyne.edu

# LE MOYNE COLLEGE

## RECOMMENDATION FORM FOR EDUCATIONAL LEADERSHIP

**To the applicant:** This form should be given to two individuals under whom you have studied or worked and are able to comment on your ability to be successful in an educational leadership program. If applying to the school building leader or school district leader programs, at least one written recommendation must be included from a certified school administrator familiar with your work as a professional educator.

### TO BE COMPLETED BY APPLICANT

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Name (Last, First, MI) \_\_\_\_\_ Social Security # \_\_\_\_\_

Degree \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

In accordance with the Family Educational Rights Privacy Act of 1974, please check one:  I do  I do not waive my right to read this statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Recommender \_\_\_\_\_

### TO BE COMPLETED BY RECOMMENDER

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To the recommender: Please return this recommendation to the person requesting your assistance in a sealed envelope, with your signature across the envelope seal, within one week.

Name (Last, First, MI) \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very Well  Well  Somewhat

In what capacity have you known the applicant? \_\_\_\_\_

Recommendation based on applicant's ability to pursue graduate study:  Strongly recommend  Recommend  
 Recommend with reservations  Do not recommend

In the space below, please explain your recommendation and provide a brief assessment of the applicant's ability to successfully complete graduate studies.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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## RECOMMENDATION FORM FOR EDUCATIONAL LEADERSHIP

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### TO BE COMPLETED BY APPLICANT

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Name (Last, First, MI) \_\_\_\_\_ Social Security # \_\_\_\_\_

Degree \_\_\_\_\_ Program \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Evening ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail \_\_\_\_\_

In accordance with the Family Educational Rights Privacy Act of 1974, please check one:  I do  I do not waive my right to read this statement.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name of Recommender \_\_\_\_\_

### TO BE COMPLETED BY RECOMMENDER

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To the recommender: Please return this recommendation to the person requesting your assistance in a sealed envelope, with your signature across the envelope seal, within one week.

Name (Last, First, MI) \_\_\_\_\_

Organization \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail Address \_\_\_\_\_

How long have you known the applicant? \_\_\_\_\_

How well do you know the applicant?  Very Well  Well  Somewhat

In what capacity have you known the applicant? \_\_\_\_\_

Recommendation based on applicant's ability to pursue graduate study:  Strongly recommend  Recommend  
 Recommend with reservations  Do not recommend

In the space below, please explain your recommendation and provide a brief assessment of the applicant's ability to successfully complete graduate studies.

Signed \_\_\_\_\_ Date \_\_\_\_\_

## DEPARTMENT OF EDUCATION MISSION STATEMENT

Through scholarship, teaching and service, the Department of Education at Le Moyne College is a learning community in the Jesuit tradition dedicated to preparing and inspiring teacher leaders who practice participatory democracy and social justice in their classrooms and schools.

## LE MOYNE COLLEGE MISSION STATEMENT

Le Moyne College is a diverse learning community that strives for academic excellence in the Catholic and Jesuit tradition through its comprehensive programs rooted in the liberal arts and sciences. Its emphasis is on education of the whole person and on the search for meaning and value as integral parts of the intellectual life. Le Moyne College seeks to prepare its members for leadership and service in their personal and professional lives to promote a more just society.

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## OFFICE OF GRADUATE ADMISSION Attn: Graduate Education Programs

**Le Moyne College**  
**Reilly Hall 342**  
**1419 Salt Springs Road**  
**Syracuse, NY 13214-1301**  
**PH: (315) 445-5444**  
**FAX: (315) 445-6027**  
**GradAdmission@lemoyne.edu**

*Le Moyne College is an affirmative action/equal opportunity employer and equal opportunity institution.*

**NONDISCRIMINATION STATEMENT** Le Moyne College is an Affirmative Action/ Equal Opportunity Employer, and does not discriminate on the basis of race, color, gender, creed, age, disability, marital status, sexual orientation, veteran status, or national or ethnic origin. For more information visit [www.lemoyne.edu/compliance](http://www.lemoyne.edu/compliance).