

# LE MOYNE

SPIRIT. INQUIRY. LEADERSHIP. *JESUIT.*

Application for  
Graduate Admission

DEPARTMENT OF EDUCATION GRADUATE PROGRAMS

# APPLICATION **Department of Education Graduate Programs**

## 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 completing the application process.

### 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.

\_\_\_\_\_ **Pre-Admission Transcript Evaluation** — Master of Science for Teachers (MST) applicants **must complete the pre-admission transcript evaluation prior to applying to the program.** Please submit the form along with official transcripts of all colleges and/or universities attended and a \$50 fee payable to Le Moyne College. (Note: The \$50 fee will be applied to the application fee upon formal application to the graduate education program.)

\_\_\_\_\_ **Completed Application**

\_\_\_\_\_ **Nonrefundable Application Fee** — Please include a check or money order for \$50 made payable to Le Moyne College.

\_\_\_\_\_ **GRE Scores** — Request GRE scores be sent directly to the Office of Graduate Admission.

**Note:** *The GRE requirement may be waived with an undergraduate GPA of 3.5 or better, current New York state teacher certification and/or an earned master's degree. Applicants must request a waiver of the GRE in writing and provide documentation.*

\_\_\_\_\_ **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** — Submit the form to two professionals and/or academic advisors who can attest to your ability to be successful in a graduate program. Please have them sign over the sealed back before sending the letters of recommendation to you.

\_\_\_\_\_ **Résumé**

### INTERNATIONAL APPLICANTS

A Test of English as a Foreign Language (TOEFL) score report is required of non-native English speaking applicants.

International applicants must have the evaluated transcripts showing that a bachelor's degree equivalent to one in the United States has been earned.

In order to qualify for the Certificate of Eligibility (Form I-20), students must be admitted into the program full time and provide proof of sufficient funding for at least the first year of graduate study. To do so, students need to complete the Le Moyne College International Student Financial Statement.

### COMPLETED APPLICATION PACKET

Please send completed application packet to: **Office of Graduate Admission**  
Attn: Graduate Education Programs

**Phone:** (315) 445-5444  
**Fax:** (315) 445-6027  
**Email:** GradAdmission@lemoyne.edu

Le Moyne College  
Reilly Hall 342  
1419 Salt Springs Road  
Syracuse, NY 13214-1301

**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.

**If you have questions regarding the programs, please contact the Department of Education office at (315) 445-4376.**

#### 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 and/or academic references who can attest to your ability to be successful in a graduate program.

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 Office of Graduate Admission at Le Moyne College.

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

Are you eligible to receive 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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Please check the program to which you are applying.

### **Master of Science for Teachers (MST)**

Designed for students who have completed baccalaureate degrees in fields other than teacher education. *The pre-admission transcript evaluation must be completed before applying to this program.*

Please check the area of specialty:

Inclusive Childhood Education (Elementary and Special Education): Grades 1 – 6

Adolescent Education: Grades 7 – 12

Content Area \_\_\_\_\_

Dual Adolescent and Special Education: Grades 7 – 12

Content Area \_\_\_\_\_

### **Master of Science in Education I (MSEd I)**

Designed for students who are provisionally/initially certified and seeking permanent/professional certification in the *same* field.

Please check the area of specialty:

**These programs are for students who hold provisional certification on or before February 1, 2004.**

Elementary Education: Grades Pre-K – 6

Secondary Education: Grades 7 – 12

Special Education: Grades Pre-K – 12

**These programs are for students who hold initial certification effective September 1, 2004, or later.**

Childhood Education: Grades 1 – 6

Dual Childhood and Special Education: Grades 1 – 6

Middle School Specialist: Grades 5 – 9

Adolescent and Special Education: Grades 7 – 12

Dual Middle Childhood Specialist and Special Education: Grades 5 – 9

Adolescent Education: Grades 7 – 12

**This program is designed for students who are seeking advanced study in professional education.**

General Professional Education

### **Master of Science in Education II (MSEd II)**

Designed for students who are provisionally/initially certified and seeking permanent/professional certification in a *different* certification area.

Please check the area of specialty:

Childhood Education: Grades 1 – 6

Special Education: Grades 1 – 6

Adolescent Education: Grades 7 – 12

Content Area \_\_\_\_\_

Special Education: Grades 7-12

Teaching English to Speakers of Other Languages (TESOL): Grades pre-kindergarten – grade 12

Teaching Literacy: Birth – grade 6

Teaching Literacy: Grades 5 – 12

**This program is designed for students who are seeking advanced study in professional education.**

Urban Education Professional Studies

## STATEMENT OF PURPOSE

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### **Teacher Education Program Applicants**

Please write a personal statement that includes the following:

Explain your motivation for entering the graduate Teacher Education Program at Le Moyne College. Describe the learning environment you will create within your classroom. How will the Teacher Education 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

RECOMMENDATION FORM  
FOR GRADUATE STUDIES IN EDUCATION

**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 qualifications for graduate study.

## 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 \_\_\_\_\_



# LE MOYNE COLLEGE

RECOMMENDATION FORM  
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**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 qualifications for graduate study.

## TO BE COMPLETED BY APPLICANT

---

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 \_\_\_\_\_



**Who should use this form:** Individuals interested in applying to the Master of Science for Teachers (MST) program.

A pre-admission evaluation of transcripts must be completed by the Department of Education credentials officer to determine the prerequisite courses required in the area of the certification you wish to obtain.

For transcript evaluation, please submit this form, along with official transcripts of all colleges and/or universities attended and a nonrefundable \$50 fee payable to Le Moyne College to:

**Department of Education – Graduate Programs**

Attn: Annemarie Trait  
Le Moyne College  
Reilly Hall 101  
1419 Salt Springs Road  
Syracuse, NY 13214-1301

If you have questions about the evaluation, please contact Annemarie Trait, credentials office, 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.**

### MST Programs

- Inclusive Childhood Education (Elementary and Special Education): Grades 1–6
- Adolescent Education: Grades 7–12
- Dual Adolescent and Special Education: Grades 7–12

If applying for an adolescent education or dual adolescent/special education program, please select a content area:

- English    Math    Social Studies    Science (name of science) \_\_\_\_\_
- Foreign Language (name of language) \_\_\_\_\_









## 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).