

Checklist for Admission to Graduate Study

William Carey University

Hattiesburg/Biloxi, Mississippi

Please use this checklist as a reminder.

Documents required for ALL programs:

- Application:** Complete the attached form and mail it with a non-refundable \$30.00 application fee.
- Official Transcripts:** Request that official transcripts of credits be sent directly to the Office of Graduate Admissions. Transcripts must be *mailed directly* from all schools attended. Hand delivered transcripts are not acceptable.
- Recommendations:** Recommendations must be completed by at least two persons familiar with the applicant's abilities, *but not family members*. The forms must be sent to the Office of Graduate Admissions. They may be either mailed to the address at the bottom or faxed to 601-318-6765.

Application Deadlines for Admission:

Fall 2017	Aug. 18
Winter 2017	Nov. 3
Spring 2018	Feb. 16
Summer 2018.....	May 26
Fall 2018.....	Aug. 17

In addition to the above documents, see the following page for requirements of each program.

All documentation **must** be sent to:

Graduate Admissions Office
William Carey University
WCU Box 155
498 Tuscan Avenue
Hattiesburg, MS 39401

If any documentation is sent to other university addresses, it could delay the review of the application.

For additional information, please see our website at
www.wmcarey.edu

Additional Requirements Checklist

In addition to the documents listed on the preceding page, the following are needed for each program below:

- **MASTER OF ARTS IN ENGLISH or HISTORY degree program**
 - Official GRE scores
 - Critical writing sample
 - 3 letters of recommendation in narrative format

- **MASTER OF BIOMEDICAL SCIENCE PROGRAM***
 - MCAT preferred; GRE accepted
 - 2 letters of recommendation in narrative format (science professionals, preferably academic faculty)
 - One-page personal statement

** Application deadline is July 1, 2015 for admission*

- **MASTER OF BUSINESS ADMINISTRATION degree program**
 - Official GMAT scores

- **MASTER OF EDUCATION and MASTER OF ARTS IN TEACHING degree programs.**

M.Ed.
Seeking a master's degree or an add-on:
 - Teacher's certificateSeeking a master's degree in I.A.A.:
 - GRE test scores

- M.A.T.**
Seeking alternate route:
 - Praxis (with passing grade)
 - Praxis II (with passing grades)
 - Temporary License if available

- **MASTER OF MUSIC IN MUSIC EDUCATION degree program**
 - Teacher's Certificate (provide a copy)
 - or Praxis I (with passing grade)
 - Praxis II (Music and PLT with passing grade)

- **MASTER OF SCIENCE IN BIOLOGICAL SCIENCE degree program**
 - Official GRE scores

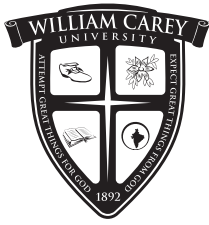
- **MASTER OF SCIENCE IN COUNSELING PSYCHOLOGY program**
 - GRE or Miller's Analogy Test (MAT)

- **MASTER OF SCIENCE IN COUNSELOR EDUCATION program**
 - GRE or Miller's Analogy Test (MAT)
 - Statement of professional goals
 - Current resume
 - Counselor education informed consent form

All graduate nursing programs admit biannually and are accepting applications for 2014-15 in fall and spring trimesters.

- **MASTER OF SCIENCE IN NURSING program**
 - Unencumbered Mississippi RN license
 - Current resume
 - Statement of professional goals with specialty track selection stated: Case Management, Gerontology, Healthcare Simulation Education, Nursing Administration, or Population Focused Nursing

- **MSN-MBA program (dual-degree)**
 - Unencumbered Mississippi RN license
 - Current resume
 - Statement of professional goals
 - Official GMAT scores



William Carey University

Application for Graduate Admission

Office of Graduate Admissions
WCU Box 155 • 498 Tuscan Avenue • Hattiesburg, MS 39401
(601) 318-6774

New Admission Re-admission Nondegree \$30 App. Fee Date: _____

Please print using black ink.

Mr.
Mrs.
Name Ms. _____ last _____ first _____ middle/maiden _____ Social Security # _____

Present Address _____ Present Telephone _____
_____ city _____ state _____ county/parish _____ zip code _____ Business Telephone _____

E-mail Address _____ Cellular Telephone _____

Date of Birth ____/____/____ Age _____ Place of Birth _____
_____ city _____ state _____

Sex: M F Marital Status: Single Married Divorced Separated Widowed Veteran: Yes No

Ethnic Background: 1. White 2. Black 3. Hispanic 4. Asian 5. American Indian 6. International _____

Are you a U.S. citizen? Yes No If no, alien registration number _____

Religious Preference: 1. Southern Baptist 2. Other Baptist 3. Methodist 4. Presbyterian 5. Catholic
 6. Lutheran 7. Other _____

If you are a Southern Baptist, please give the following information:

_____ Name of church _____ City _____ State _____

On which campus will you attend? Hattiesburg Tradition (Biloxi) willing to attend either campus

First classes will be taken: Fall 20____ Winter 20____ Spring Trimester 20____ Summer Trimester 20____


Have you ever been convicted or pled guilty to a crime (other than minor traffic violations)? Yes No

If yes, explain: _____

Have you been suspended or expelled from another institution? Yes No

If yes, explain and indicate date of suspension. _____

Check the appropriate concentration that you are seeking:

<p>MASTER OF ARTS—M.A.</p> <p>in English ()</p> <p>in History ()</p> <p><i>(Hattiesburg only for both)</i></p>	<p>MASTER OF SCIENCE—M.S.</p> <p>Biological Science (<i>Hattiesburg only</i>) ()</p> <p>Licensure / Certification only () (also check area below)</p> <p>Counseling Psychology:</p> <p>Child / Adolescent Therapy ()</p> <p>Christian Counseling ()</p> <p>Counseling (LPC) ()</p> <p>Gerontology ()</p> <p>School Counseling ()</p> <p>School Psychometry ()</p> <p>Tradition Only:</p> <p>Counselor Education ()</p> <p>Clinical Mental Health Counseling ()</p> <p>School Counseling ()</p>
<p>MASTER OF BUSINESS ADMINISTRATION—M.B.A. ()</p>	
<p>MASTER OF BIOMEDICAL SCIENCE—M.B.S. ()</p> <p><i>(Hattiesburg only)</i></p>	
<p>MASTER OF EDUCATION—M.ED.</p> <p>Alternate Route (MAT) – Elementary ()</p> <p>Alternate Route (MAT) – Secondary () Field _____</p> <p>Art Education ()</p> <p>Elementary Education ()</p> <p>Interscholastic Athletic Administration ()</p> <p>Secondary Education ()</p> <p>Hattiesburg Only:</p> <p>Biology ()</p> <p>English ()</p> <p>Mathematics ()</p> <p>Social Sciences ()</p> <p>Gifted ()</p> <p>Mild / Moderate Disabilities ()</p>	<p>MASTER OF SCIENCE IN NURSING—M.S.N. ()</p> <p>Case Management ()</p> <p>Gerontology ()</p> <p>Healthcare Simulation Education ()</p> <p>Nursing Administration ()</p> <p>Population Focused Nursing ()</p>
<p>MASTER OF MUSIC—M.M.</p> <p>in Church Music ()</p> <p>in Music Education ()</p> <p><i>(Hattiesburg only for both)</i></p>	<p>M.S.N. – M.B.A. ()</p> <div style="text-align: right;">  <p>WILLIAM CAREY UNIVERSITY</p> </div>

COLLEGES ATTENDED

Please list all colleges, including William Carey. **An official transcript from each college attended is required.** Failure to list complete and accurate information at the time the application is submitted could result in the **cancellation** of your enrollment.

Name and Location of Institutions Attended (most recent first)	Dates of Attendance		Degree Granted	Name While In Attendance
	(From)	(To)		

Have you ever been suspended from a college or university? No Yes

If yes, give college/university, date and explanation. _____

Have you taken the National Teachers Examination or Praxis? No Yes

Are you licensed to teach in Mississippi? No Yes **Endorsements** _____

Have you taken the TOEFL exam? No Yes, date of test _____ Score _____

Have you taken the GRE? No Yes, date of test _____ Verbal score _____ Quantitative Score _____

Have you taken the MAT? No Yes, date of test _____ Score _____

Have you taken the GMAT? No Yes, date of test _____ Score _____

Have you taken the MCAT? No Yes, date of test _____ Score: BS _____ PS _____ VR _____

What was your overall undergraduate grade point average? _____

Do you propose to transfer graduate credit? No Yes (Not applicable for the M.B.S. program)

If yes, check the current William Carey University graduate catalog and contact your advisor for approval for such work.

I understand that state licensure will be denied to persons who have been convicted of a felony. No Yes

List employment activities since graduating from high school:

Employer	Location	Type of Work	Date

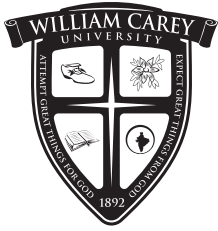
One official transcript must be *mailed directly from each institution attended* before final action may be taken on this application.

I hereby affirm that to the best of my knowledge all information furnished on this form is correct and accurate.

Name of Applicant

Date

In compliance with federal law, including provisions of Section 504 of the Rehabilitation Act of 1973, Title IX of the Education Amendments of 1972, and the bylaws of the university, William Carey University does not discriminate against any person on the basis of race, color, national or ethnic origin, sex, gender, age, or disability in admissions or in the administration of its education policies, scholarships, loan programs, athletic and other school-administered rights, privileges, programs, and activities generally accorded or made available to students at the school. The following person has been designated to handle inquiries regarding the non-discrimination policies: Vice President for Academic Affairs, 498 Tuscan Avenue, Hattiesburg, MS 39401 (601) 318-6101.



Confidential Report from Applicant's Reference

Graduate Admissions

William Carey University

Hattiesburg/Biloxi, Mississippi

Mr.
Ms.
Mrs. _____ is applying for admission to graduate study at _____
(Student, please print your full name.)

William Carey University in the field of _____

Please fill out this form and return it to:

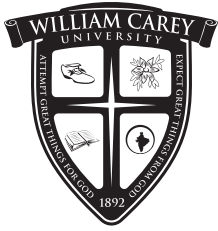
Graduate Office
William Carey University, Box 155
498 Tuscan Avenue
Hattiesburg, MS 39401 or fax to: (601) 318-6765 *(no cover sheet required)*

1. How long have you known this applicant? _____ Years _____ Months
2. In what capacity have you known the applicant? (Can not be a family member.) _____
3. In your opinion, what is the applicant's success potential in graduate work?
 Definitely master's level Probably master's level
 Probably below master's level Do not feel qualified to judge
4. Do you feel that this applicant's dedication, ability, and sincerity of purpose will enable him/her to complete graduate work at this institution? If not, please explain. _____

5. Is this applicant the kind of person you would employ in either a school or other capacity? _____

<i>Please check the level you feel best describes the applicant</i>						
	Poor	Fair	Average	Good	Excellent	Cannot Judge
1. Academic ability						
2. Analytical thinker						
3. Research aptitude						
4. Originality and creativity						
5. Judgment and common sense						
6. Leadership ability						
7. Cooperativeness						
8. Moral attitudes and ideals						
9. Emotional stability						
10. Health						

Signature of respondent _____ Title or position _____
 Typed or printed name _____ Phone number _____



Confidential Report from Applicant's Reference

Graduate Admissions

William Carey University

Hattiesburg/Biloxi, Mississippi

Mr.
 Ms.
 Mrs. _____ is applying for admission to graduate study at
 (Student, please print your full name.)

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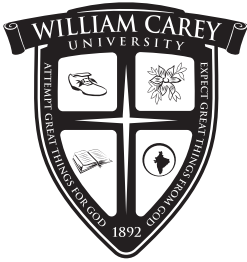
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1. How long have you known this applicant? _____ Years _____ Months
2. In what capacity have you known the applicant? (Can not be a family member.) _____
3. In your opinion, what is the applicant's success potential in graduate work?
 () Definitely master's level () Probably master's level
 () Probably below master's level () Do not feel qualified to judge
4. Do you feel that this applicant's dedication, ability, and sincerity of purpose will enable him/her to complete graduate work at this institution? If not, please explain. _____

5. Is this applicant the kind of person you would employ in either a school or other capacity? _____

<i>Please check the level you feel best describes the applicant</i>						
	Poor	Fair	Average	Good	Excellent	Cannot Judge
1. Academic ability						
2. Analytical thinker						
3. Research aptitude						
4. Originality and creativity						
5. Judgment and common sense						
6. Leadership ability						
7. Cooperativeness						
8. Moral attitudes and ideals						
9. Emotional stability						
10. Health						

Signature of respondent _____ Title or position _____
 Typed or printed name _____ Phone number _____



William Carey University

HATTIESBURG • BILOXI
TRANSCRIPT REQUEST FORM

NOTE: This is to be sent to the school you previously attended

An official transcript is defined as one **mailed** from one institution to another. For courses currently in progress, a supplementary transcript(s) also is required upon the completion of those courses.

Date _____

TO WHOM IT MAY CONCERN:

I hereby request that _____ copy(ies) of the transcript of:

Last Name	First	Middle	Maiden
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to be sent to:

**William Carey University
Office of Graduate Admissions
WCU Box 155
498 Tuscan Avenue
Hattiesburg, MS 39401**

Name while in attendance: _____

Date of attendance: _____

Social Security Number: _____ Date of Birth _____

Thank you for your immediate attention.

Signature

Address

City State Zip

Phone Number (home)

Phone Number (cell)