APPLICATION CHECKLIST

Program: M.A.T. Reading and Language Arts Grand Blanc Location

Applicant
Name:__________________________________________________________________________

SUBMIT ALL DOCUMENTS TO:
Oakland University
Graduate Admissions
511 O’Dowd Hall
Rochester, MI 48309-4401

☐ Graduate Application
  o Submit online www.oakland.edu/grad ➔ Applying for Admission ➔ How to Apply to Graduate School at OU

Admission terms and application deadlines
Before an applicant's file can be reviewed for full program admission, all application documents must be received in Graduate Admissions by the semester deadlines listed below.

• November 15, 2012 for the Winter 2013 semester

☐ Official transcripts
  o To be considered official, a transcript must be sent to OU’s Graduation Admissions office by the registrar's office of each college/university you attended. You do not need to provide transcripts from OU.

☐ Supplemental Program Form

☐ Two Letters of Recommendation
  o Recommendation letters must be returned in a sealed, signed envelope

☐ Application Checklist
  o Submit this form so the admissions office is aware you are applying for the off-campus cohort in Grand Blanc.
School of Education and Human Services  
Supplemental Application for Admission to Graduate Study

First Name: ___________________________ MI: _______ Last Name: ___________________________

Program to which you are applying: ______________________________________________________

Birth Month: _______ Birth Day (1-31):_______ (for identification purposes only)

Certification

Valid Teaching Certificate(s) Held:
☐ Elementary Certificate    ☐ Secondary Certificate
☐ K-12 in __________________________

Type of Certificate Held:
☐ Permanent    ☐ Continuing    ☐ Professional    ☐ Provisional

Endorsements Held:
☐ Early Childhood
☐ Special Education (specify category) ____________________________
☐ Other ____________________________

Teaching Certification Sought (please check all that apply):
☐ Professional    ☐ Renewal    ☐ Add Endorsement(s): ____________________________

Teaching Experience (excluding substitute teaching)

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<tr>
<th>Years</th>
<th>District</th>
<th>Grades</th>
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Applicants for Post-Master Certificate in Educational Administration Only

Administrative Experience:
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<tr>
<th>Years</th>
<th>District</th>
<th>Title</th>
<th>Level</th>
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A master’s degree or higher is required in order to receive the certificate. If you do not hold that level of degree, indicate if you presently are admitted to any of the following at Oakland University.

☐ M.Ed. in ____________________________    ☐ Degree anticipated ________________, 20____
Felony/Misdemeanor Disclosure

This information is needed to comply with regulations established by the Michigan Department of Education; initial the appropriate blank. Attach a written explanation for any “yes” response.

1. Have you ever been convicted of any felony?  
   Yes____  No____

2. Have you ever been convicted of any misdemeanor including any alcohol related traffic violations?  
   Yes____  No____

3. Have you ever been convicted in Michigan or any other state or jurisdiction, whether upon a verdict or plea of guilty or upon a plea of nolo contendere (no contest), or received a suspended sentence for a crime or an attempt to commit a crime which is considered criminal sexual conduct?  
   Yes____  No____

4. Did you ever receive a discharge from the Armed Forces of the United States, which was other than “Honorable”?  
   Yes____  No____

5. Have you ever been denied admission to, or been removed from, a teacher education program at another college or university?  
   Yes____  No____

6. Have disciplinary proceedings ever been initiated against your Michigan teaching credential or your teaching credential issued by any other jurisdiction?  
   Yes____  No____

7. Have you ever had adverse action taken against any educator certificate/license in Michigan or any other jurisdiction that resulted in conditions being placed on the certificate by the department of education in order to maintain certificate validity?  
   Yes____  No____

8. Have you ever had a teaching credential issued in Michigan or any other jurisdiction suspended, revoked, nullified, or otherwise invalidated?  
   Yes____  No____

Please attach a written explanation for all “yes” responses. If you have answered “yes” to any of the above, you need to know that passing our program, student teaching and state certification tests does not guarantee certification or employment. Convictions are assessed and evaluated at the state level, including a review of the court documents. You will not be issued a 90 day dated letter by Oakland University and will need to wait for the state review and decision regarding certification.

Signature of Applicant: __________________________

Date: ________________

Application Submission Information

Graduate Admissions
160 North Foundation Hall
Rochester, MI 48309
248.370.3167
gradmail@oakland.edu
www.oakland.edu/gograd
Recommendation Form for Graduate Admission

This completed form must be submitted to Graduate Admissions in a sealed envelope with the signature of the recommender affixed across the back sealed flap.

NOTE: Consult the section of the catalog that pertains to your field of study for instructions concerning the recommendation: e.g. any special type of information required, number of recommendations needed, who recommenders should be.

This section to be completed by Applicant:

Name of Applicant _____________________________________________________________

Email Address ___________________________ Field of Study _____________________________

Under the provisions of the Family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided below unless he/she has waived such access. Please sign if you waive your right of access to the information record below.

Signature of Applicant ___________________________ Date _____________________________

This section to be completed by Recommender:

Name of Recommender (please print) ___________________________ Title ______

Institution ___________________________ Department _____________________________

Email Address ___________________________ Phone _____________________________

1. How long and in what capacity have you known the applicant? _____________________________________________

2. Please rate the applicant in comparison to others whom you have known at similar stages in their careers:

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<th>Exceptional Upper 5%</th>
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3. Please circle the strength of your overall endorsement:

Highly Recommended  Recommended  Recommended with Reservations  Not Recommended

4. OPTIONAL: You may comment specifically in a separate letter or on the back of this form on the applicant’s strengths and limitations for graduate study. Descriptions of significant actions, accomplishments, and personal qualities related to scholarly achievement can be particularly helpful as is an assessment of the applicant’s ability/potential for college teaching.

5. Recommender’s Signature ___________________________________________ Date _____________________________
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