

Application for Graduate Admission

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SECTION 1. SELECT PROGRAM OF STUDY

Please select the intended start term:

Fall Spring 20____

Winter Summer 20____ (MFA only)

Please select the program for which you are applying:

Master of Business Administration (MBA)

5-Year Undergraduate/Master of Business Administration (MBA)

Master's in Education (MEd)

5-Year Undergraduate/Master's in Education (MEd)

Please identify Education concentration for the MEd:

Multi-Categorical Special Education with Autism

Reading Specialization

Post-Baccalaureate Accelerated Teaching Certification: **Choose**

one content area: Art Biology Chemistry English

General Science Math Physics Social Studies

Master of Fine Arts (MFA): Please identify genre:

Creative Nonfiction Fiction Poetry

Master of Science in Athletic Training (MSAT)

Master of Science in Nursing (MSN): **Please identify track:**

Duel Degree: Master of Science in Nursing (MSN) **with** Master of Business Administration

Early Assurance Program (Only current or applicant WVWC BSN students are eligible for this program.)

Family Nurse Practitioner

Nurse Administrator

Nurse Educator

Nurse-Midwifery, in consortium with **Shenandoah University**

Post-Master's Certificate: Nursing Administration

Post- Master's Certificate: Nursing Education

Post- Master's Certificate: Family Nurse Practitioner

Psychiatric Mental Health Nurse Practitioner, in consortium with **Shenandoah University**

Other (Non-degree or additional Teacher Certification applicants are only required to complete **Sections 1, 3, 4, and 8** of this application and submit the \$50 application fee described in Section 2. In **Section 5** of this application, please write the courses/programs in which you wish to enroll. Additional Teacher Certification applicants also need to provide evidence of a valid teaching certificate.)

SECTION 2. INSTRUCTIONS FOR SUBMISSION OF APPLICATION

- Completed application form.
- Current vita/résumé.
- Non-refundable application fee of \$50.00. Checks should be made payable to: West Virginia Wesleyan College.
- Two (2) recommendations for Graduate Admission on form provided (At least one is required from someone familiar with the applicant's previous academic work. Also see program requirements for further specifics.)
- Official transcripts from all undergraduate and graduate institutions that have been attended.
- Official test scores as required by your program listed below:
 - Master of Business Administration (MBA) requires Graduate Management Admission Test (GMAT) scores.
 - Master of Science in Athletic Training (MSAT) requests Graduate Record Examination (GRE) scores (if applicable).
- Official report of the TOEFL scores (if applicable).

For the programs listed below, the following additional materials are required:

- **Master's in Education (MEd)** candidates are required to provide a Personal Statement of Goals and Objectives and, if applying to the 5-Year Undergraduate/Master's program, receive an acceptable rating on the Graduate Recommendation Form completed by the advisor of record. Applicants who did **not** earn a Bachelor's degree at West Virginia Wesleyan College must submit evidence of a valid teaching certificate. Final acceptance into the program is contingent upon receipt of a negative Tuberculosis test on file in the Education Department.
- **Master of Fine Arts** candidates are required to submit a writing sample of 20 pages for creative nonfiction and fiction or 15 poems for poetry, with last name and genre at top of each page, traditional formatting applied, and stapled in the upper left corner. Candidates should have significant coursework in English and writing, and are also required to attach a Statement of Purpose of 750 – 1,000 words to this application.
- **Master of Science in Athletic Training (MSAT)** candidates are required to provide BOC certification number or an eligibility date.
BOC Certification Number: _____ BOC Examination Date: _____ or BOC Eligible Date: _____
- **Master of Science in Nursing (MSN)** candidates are required to provide a Personal Statement of Goals and Objectives and validation of an unencumbered license to practice. Of the two letters of recommendation, Early Assurance Program (EAP) candidates are required to submit one from the advisor of record and receive an acceptable rating on that Graduate Recommendation Form. Candidates to the Midwifery program, the Psychiatric Mental Health Nurse Practitioner program, and the Family Nurse Practitioner programs are required to provide a third letter of recommendation.

Please submit all application materials to:

Graduate Admission Office, West Virginia Wesleyan College, 59 College Avenue, Buckhannon, WV 26201

For further information regarding the available programs or the application process, please contact the Associate Director for Graduate Enrollment at 304.473.8520 or the individual Graduate Program Director, or email gradadmission@wwvc.edu.

SECTION 3. APPLICANT DATA

Social Security Number: _____ - _____ - _____ Date-of-Birth: ____/____/____ E-mail Address: _____

Last Name _____ First _____ Middle _____

If transcripts appear under a different name, please enter the name _____

Current Address _____
 Street/Rural Route/P.O. Box _____

City/Town _____ State _____ Zip Code _____ County / Country _____

Permanent Address _____
 Street/Rural Route/P.O. Box _____

City/Town _____ State _____ Zip Code _____ County / Country _____

Home Telephone: (____) _____ - _____ Emergency contact name: _____

Cell Telephone: (____) _____ - _____ Contact telephone: (____) _____ - _____

Work Telephone: (____) _____ - _____ Relationship to self: _____

Have you previously applied for graduate admission at Wesleyan? ____ Yes ____ No If yes, year of application: _____

Place of birth: _____ *Sex: ____ Male ____ Female

U.S. Citizen: ____ Yes *Ethnicity: ____ Hispanic/Latino ____ Non-Hispanic/Latino

____ No * Race (please check all that apply)

If no, Country of Citizenship _____
 ____ American/Alaskan Native

____ Permanent Resident Alien
 ____ Asian
 ____ Black or African American

Alien Registration No.: _____
 (Please include a copy of your green card) _____ Hawaiian/Pacific Islander

____ Non-Resident Alien ____ Visa-Type (e.g., F-1) _____ White

____ Other

*NOTE: To meet requirements of federal reporting requirements, this information is voluntary and requested for record-keeping purposes only. This information will in no way affect admissions decisions.

SECTION 4. PREVIOUS INSTITUTIONS (PLEASE PRINT OR TYPE)

List **ALL** colleges and universities attended, using an extra sheet if necessary. Begin with the most recent institution attended. Failure to list all institutions previously attended may result in cancellation of admission and/or registration.

Name of College/University	Location	Dates Attended	Degree Awarded	Major/Minor	GPA
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SECTION 6. GRADUATE ASSISTANTSHIP

Do you intend to apply for a Graduate Assistantship? Yes No Department _____
(Applicants to the **MSN programs with Shenandoah University, Five Year MBA, and Five Year M.Ed. programs** are not eligible for Graduate Assistantships.)

Do you intend to apply for a Graduate Athletic Training Internship? Yes No

SECTION 7. WORK AND VOLUNTEER EXPERIENCE

Please include a copy of your vitae/résumé with this application.

Starting with the most recent, describe all employment, military, and applicable volunteer experience. Highlight your knowledge, skills, and abilities which best demonstrate your qualifications for the program in which you are seeking admission. For example, include the following information: Job Title; Employer; Employment Dates; Duties and Skills.

SECTION 8. OTHER INFORMATION

How did you hear about our program? Please check all that apply.

- Radio/TV Co-Worker WVWC Alumni WVWC Faculty/Staff Graduate School Catalog Employer
- Friend Family Newspaper Magazine/Journal Faculty/Staff at my college or university
- Other (Please explain) _____

International Students: If English is not your native language, have you sent your TOEFL scores to West Virginia Wesleyan College Graduate Admission Office? Yes No
If yes, when? _____
If you have not taken TOEFL, when is your planned test date? _____

All Applicants: Have you ever been on disciplinary probation, declared ineligible to register for any period of time, suspended or dismissed from any college or university? Yes No If yes, please give the name of the institution, date of action and fully explain the circumstances on an attached sheet.

All Applicants: Have you ever been convicted of a criminal offense or is final action pending on any criminal charges other than a minor traffic violation? Yes No If yes, or if you have any questions about whether a matter in your background constitutes a criminal offense, please describe the nature of the matter as accurately as you can and attach it as a separate sheet.

I certify that to the best of my knowledge the information I have provided herein is true and correct.

SIGNATURE _____

DATE _____



West Virginia Wesleyan College does not discriminate on basis of race, color, national origin, sex, sexual orientation, age, disability, or religious affiliation in the administration of its educational programs, admission policies, financial aid programs, athletics, co-curricular activities, or college administered programs.

Recommendation for Graduate Admission

PART 1 – APPLICANT’S INFORMATION (PLEASE PRINT OR TYPE)

INSTRUCTIONS TO THE APPLICANT: Complete Part 1 of this form and give a copy to each person who will write a recommendation for you. Please ask the recommender to seal the recommendation inside an envelope, sign across the seal, and return it to you, and then return the UNOPENED envelopes with your application package; or, the recommender may return the form directly to the Coordinator for Graduate Enrollment at the address below.

APPLICANT’S NAME

LAST _____ FIRST _____ MIDDLE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

If records may appear under a different name, please enter the name: _____

West Virginia Wesleyan graduate program applied to: _____

Under the Federal Family Educational Rights and Privacy Act of 1974, as amended (PL 93-380), students are entitled to review their records, including letters of recommendation. It is your option to waive your right of access to this recommendation, or decline to do so.

Check one of the following statements and sign your name.

_____ I WAIVE my right of access to this recommendation.

_____ I DO NOT waive my right of access to this recommendation.

APPLICANT’S SIGNATURE _____ DATE _____

Part 2 – RECOMMENDATION INFORMATION TO BE COMPLETED BY THE PERSON MAKING THE RECOMMENDATION

NAME OF THE PERSON MAKING RECOMMENDATION

LAST _____ FIRST _____ MIDDLE _____

How long have you known the applicant? _____

In what capacity? _____

In comparison with other students you have taught, or other employees you have worked with or supervised, how do you rate the applicant on the following characteristics? Please check the appropriate box.

	Average	Below Average	Good	Excellent	No Basis for Judgment
Academic Performance	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Motivation for Proposed Field of Study	_____	_____	_____	_____	_____

Please indicate the confidence with which you *would* or *would not recommend* the applicant for admission to this graduate program:

Highly Recommend _____ Recommend _____ Recommend with Reservation _____ Not Recommend _____

Please provide additional comments below to support your evaluation, or attach as a separate letter.

SIGNATURE _____ DATE _____

TITLE _____ E-MAIL ADDRESS _____

ORGANIZATION/INSTITUTION _____ BUSINESS PHONE _____

SUBMIT TO: Graduate Admission Office, West Virginia Wesleyan College, 59 College Avenue, Buckhannon, WV 26201

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	Average	Below Average	Good	Excellent	No Basis for Judgment
Academic Performance	_____	_____	_____	_____	_____
Intellectual Ability	_____	_____	_____	_____	_____
Written Expression	_____	_____	_____	_____	_____
Oral Expression	_____	_____	_____	_____	_____
Motivation for Proposed Field of Study	_____	_____	_____	_____	_____

Please indicate the confidence with which you *would* or *would not recommend* the applicant for admission to this graduate program:

Highly Recommend _____ Recommend _____ Recommend with Reservation _____ Not Recommend _____

Please provide additional comments below to support your evaluation, or attach as a separate letter.

SIGNATURE _____ DATE _____

TITLE _____ E-MAIL ADDRESS _____

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