



APPLICATION FOR GRADUATE ADMISSION

**Personal Information**

Legal Name \_\_\_\_\_  
Last First Middle /Maiden

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Permanent Address \_\_\_\_\_ Present Address \_\_\_\_\_  
(if different)  
City State Zip City State Zip

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business E-mail Address: \_\_\_\_\_

County/City of Permanent Address: \_\_\_\_\_ Personal E-mail Address: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_ Marital Status: \_\_\_S \_\_\_M \_\_\_D \_\_\_O

Former Names used on past transcript(s): \_\_\_\_\_

Gender: \_\_\_ Female \_\_\_ Male

Ethnic Heritage: *(For reporting purposes only)*

(a) Are you of Hispanic, Latino or Spanish origin? \_\_\_ Yes \_\_\_ No

(b) Select your race - check as many options that apply:

- \_\_\_ American Indian or Alaskan Native \_\_\_ Asian \_\_\_ Black or African American  
\_\_\_ Native Hawaiian or other Pacific Islander \_\_\_ White

Citizenship Information:

(a) \_\_\_ U.S. Citizen \_\_\_ Permanent Resident/Immigrant \_\_\_ Non-Resident Alien \_\_\_ Pending  
\_\_\_ Other, please specify \_\_\_\_\_

(b) If you are not a U.S. citizen, please specify: \_\_\_\_\_  
country of birth country of residence type of visa date of issue expiration date

Please provide a copy of immigration documents

Is English the primary language spoken in your household: \_\_\_ Yes \_\_\_ No Specify primary language: \_\_\_\_\_

If no, please list the date you took/will take the TOEFL Examination. \_\_\_\_\_

*(This test is required if English is your second language. Please forward your test scores.)*

Have you completed an English as a Second Language Program? \_\_\_ Yes \_\_\_ No

If yes, location of ESL Center where you completed the program. \_\_\_\_\_

**Admission Information**

Do you plan to attend: \_\_\_ full-time \_\_\_ part-time

Are you applying for a program \_\_\_ on-campus or \_\_\_ off-campus (location: \_\_\_\_\_)

Have you applied to Longwood previously? \_\_\_ yes \_\_\_ no If yes, when: \_\_\_\_\_

How did you first learn about Graduate Studies at Longwood? \_\_\_ Alumni \_\_\_ Attended Summer Conference

\_\_\_ Employer \_\_\_ Family \_\_\_ Friends/current students \_\_\_ Grad Schools Website \_\_\_ Information Received in the mail

\_\_\_ Longwood Representative \_\_\_ Longwood Website \_\_\_ Newspaper Advertisement \_\_\_ Poster

\_\_\_ Radio Advertisement \_\_\_ Teacher, Counselor, Coach, etc \_\_\_ You graduated from Longwood

Has anyone in your family attended Longwood? \_\_\_ yes \_\_\_ no If yes, relationship: \_\_\_\_\_

**ACADEMIC INFORMATION** (*Please select EITHER a degree program or a professional endorsement program.*)

**Degree Program Desired:**

**Business Administration:**

- General Business
- Retail Management

*These programs require the GMAT - please submit scores.*

**Education:**

- Community & College Counseling
- Curriculum & Instruction Specialist/Algebra & Middle School Mathematics\*
- Curriculum & Instruction Specialist/Elementary & Middle School Mathematics\*
- Curriculum & Instruction Specialist/Music\*
- Curriculum & Instruction Specialist/Spanish\*
- Curriculum & Instruction Specialist/Special Education General Curriculum\*
- Educational Leadership\*
- Elementary Education PreK-6 Initial Licensure †
- Literacy & Culture\*
- School Counseling
- School Library Media\*
- School Library Media PreK-12 Initial Licensure†
- Spanish or ESL PreK-12 Initial Licensure †
- Special Education/5 Year Liberal Studies
- Special Education General Curriculum K-12 Initial Licensure †

**Professional Endorsement Program Desired:**

- Educational Leadership (Master's degree required) \*
- Reading Specialist (Master's degree required) \*
- School Library Media \*

*\* These programs require a valid teaching license as a prerequisite - please submit a copy.*

*† These programs require passing Praxis I scores or the equivalent SAT/ACT scores - please submit scores.*

Do you currently possess or have you ever held a valid teaching license?      \_\_\_ Yes      \_\_\_ No

If no, do you currently possess a provisional or conditional teaching license?      \_\_\_ Yes      \_\_\_ No

**A copy of the teaching license must accompany applications for programs that require a license as a prerequisite.**

**EDUCATION:** List in chronological order ALL institutions of higher education attended, including Longwood. Begin with the most recent enrollment; include part-time, non-degree and summer studies. Applicants educated outside of the United States must indicate all secondary and post-secondary institutions. **Official transcripts from EVERY INSTITUTION attended (even if noted on subsequent transcripts) MUST be forwarded to you in sealed envelopes. Do not break the seal.** NOTES: (1) Longwood transcripts will be obtained in house. (2) If you wish to have credit considered for transfer, you must include a written request and course description with your application. Six hours from a regionally accredited institution, no more than five years old, equivalent to graduate course work at Longwood, and a grade of "B" or better earned can be transferred.

**Communication Sciences and Disorders:**

- Communication Sciences and Disorders  
*This program requires the General Test of the GRE - please submit scores.*  
*Application Deadline: February 1*

**English:**

- English/Creative Writing
- English Education and Writing
- English/Literature
- English/6-12 Initial Licensure †

**Sociology:**

- Sociology/Criminal Justice

Observing the appropriate DEADLINE, please indicate the term to which you are applying:

Spring, application deadline is October 1

Summer, application deadline is February 1

Fall, application deadline is May 1  
except CSDS (see above)

\_\_\_\_\_ Term & Year

Name of School (full name)	City	State	Degree Earned	Dates Attended (mo/yr)
Name of School (full name)	City	State	Degree Earned	Dates Attended (mo/yr)
Name of School (full name)	City	State	Degree Earned	Dates Attended (mo/yr)
Name of School (full name)	City	State	Degree Earned	Dates Attended (mo/yr)

## PROFESSIONAL INFORMATION

List your teaching experience:

School	City/State	Subjects/Grade Level	Dates
School	City/State	Subjects/Grade Level	Dates
School	City/State	Subjects/Grade Level	Dates

List your recent work experience if not in the teaching field:

Institution/Agency	City/State	Position	Dates
Institution/Agency	City/State	Position	Dates
Institution/Agency	City/State	Position	Dates

### Recommendations:

Two letters of recommendation are required and should be from an academic or professional source. Section 1 of each recommendation form is to be completed by the applicant. Provide a recommendation form and self-addressed, stamped (if it must be mailed) envelope to each person preparing a reference. Instruct each to enclose the completed recommendation in the envelope. The envelope should be sealed, signed across the seal and returned to you. **Do not break the seal.**

### Essay:

On a separate sheet, please write a personal essay of 500 words or more in which you discuss your reasons for seeking graduate education. Include your career goals and how the graduate program for which you are applying would help to meet those goals; prior work/life experiences which relate to your interest in, and aptitude for, the graduate program for which you are applying; your perception of your intellectual capability to complete successfully your graduate program.

### Certification:

Have you ever been convicted of a criminal offense or is a final action pending on any criminal charges other than a minor traffic violation? \_\_\_ Yes \_\_\_ No If yes, or if you have any question about whether a matter in your background (including offenses committed as a juvenile and charges taken under advisement) constitutes a criminal offense, describe the nature of that matter as accurately as you can: *(attach a separate sheet, if needed)*

Information provided on this application may be sent to the Virginia State Police and other state or federal agencies.

\_\_\_ Acknowledge

I certify that the information submitted in support of my application is complete and accurate. I understand that inaccurate information may affect my admission and may be grounds for dismissal.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Once you have all the required items, please return this application to: College of Graduate and Professional Studies, Longwood University, 201 High Street, Farmville, VA 23909 using the enclosed large, white return envelope. Please return the Graduate Student Application Fee Receipt with the \$50.00 fee (payable to Longwood University) in the enclosed postage paid envelope to: Office of Cashiering, Longwood University, 201 High Street, Farmville, VA 23901. (If application was obtained from the web site, please include a note with the fee indicating it is for graduate admission application.)

*Application to any College of Graduate & Professional Studies program is considered on the basis of each applicant without regard to race, color, creed, age, sex, disability, or national origin. The College of Graduate & Professional Studies is located in Ruffner Hall, Rooms 132-138; 434.395.2707 or (toll free) 877.267.7883.*

## APPLICATION FOR IN-STATE TUITION RATES

This form must be completed if you are claiming entitlement to Virginia in-state tuition rates pursuant to section 23-77.4, Code of Virginia. Supporting documents and additional information may be requested. NOTE: Answers to the questions must reflect information that is true for at least ONE YEAR PRIOR to the term in which you will enroll. Please print.

### Section A: Student Information

Name: \_\_\_\_\_  
Last      First      VISA Type      Parent VISA Type

1. Where have you lived for the last two years? List current address first. Include dates.

From (mo./yr.)	To (mo./yr.)	Street Address	City	State	Zip

2. Do your parents/legal guardian provide 50% or more of your financial support or claim you as a dependent?     Yes     No
3. A. If you are married, do you wish to claim eligibility for in-state tuition rates based on your spouse's domicile?     Yes     No  
 B. If "Yes," does your spouse provide over 50% of your financial support?     Yes     No
4. Do any of the following characteristics apply to you? Place a check mark beside all that apply.
- Age 24 or older as of the first day of the term in which you intend to enroll
- Veteran or active duty member of the U.S. Armed Forces
- Graduate or first-professional student
- Ward of the court or was a ward of the court until age 18
- If both parents are deceased, no adoptive or legal guardian
- Legal dependents other than a spouse
- Married

**DIRECTIONS FOR COMPLETING THE REMAINDER OF THIS FORM:**  
 If your response to question #2 or #3B is "Yes," complete both the shaded and unshaded areas of this form.  
 If your response to question #2 or #3B is "No," complete the unshaded areas of this form.  
 If you did not check any of the items in question #4, complete both the shaded and unshaded areas of this form.

### Section B: Domicile Information

5. Are you completing the shaded areas for your (check only one):  
 Father     Mother     Legal guardian     Spouse

*Note: For questions 6-10, you must answer the "B" question if your response to the "A" question is "No."*

- |   |                          | Student<br>Yes No        |                          | Parent;<br>Spouse or<br>Guardian<br>Yes No |
|---|--------------------------|--------------------------|--------------------------|--|
| 6. A. Have you been employed in Virginia for the past year?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   |
| B. If "No," were you employed in:<br>Student: Another state: ___ Not employed: ___<br>Parent: Another state: ___ Not employed: ___      |                          |                          |                          |  |
| 7.A. Was a tax return filed or income taxes paid to Virginia as a full- or part-year resident on all earned income last year?           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   |
| B. If "No," were taxes paid to:<br>Student: Another state: ___ Didn't file: ___<br>Parent: Another state: ___ Didn't file: ___          |                          |                          |                          |  |
| 8.A. Are you a registered voter in Virginia?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   |
| B. If "No," are you registered in:<br>Student: Another state: ___ Not registered: ___<br>Parent: Another state: ___ Not registered: ___ |                          |                          |                          |  |
| 9. A. Do you hold a valid Virginia driver's license?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   |
| B. If "No," do you hold a license in:<br>Student: Another state: ___ Not licensed: ___<br>Parent: Another state: ___ Not licensed: ___  |                          |                          |                          |  |
| 10. A. Did you operate a motor vehicle registered in Virginia during the last year?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                   |
| B. If "No," is it registered in:<br>Student: Another state: ___ Not registered: ___<br>Parent: Another state: ___ Not registered: ___   |                          |                          |                          |  |

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 11. A. Are you a member of the U.S. Armed Forces?<br>If "No," go to #12  | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have income taxes been paid to Virginia on all military income for the last year?<br>If "No," have income taxes been paid to another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the current Leave/Earnings Statement reflect Virginia withholding?<br>If "Yes," please provide copy.                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. A. Is your parent/legal guardian or spouse a member of the U.S. Armed Forces?<br>If "No," go to #15.                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Have income taxes been paid to Virginia on all military income for the last year?<br>If "No," have income taxes been paid to another state? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Does the current Leave/Earnings Statement reflect Virginia withholding?<br>If "Yes," please provide copy.                                   | <input type="checkbox"/> | <input type="checkbox"/> |

### Section C: Additional Information

13. If your spouse is in the military, will you have:
- A. Resided in Virginia for the past year?
- B. Been employed and earned at least \$10,300 during the past year?
- C. Paid income taxes to Virginia on all earned income?
14. If your parent/legal guardian is in the military, will the nonmilitary parent/legal guardian have:
- A. Resided in Virginia for the past year?
- B. Been employed and earned at least \$10,300 during the past year?
- C. Paid income taxes on all earned income?
- D. Claimed you as a dependent for federal and Virginia income tax purposes?
15. If you have lived outside Virginia for the past year, will you have:
- A. Been employed in Virginia and earned at least \$10,300 during the past year?
- B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
16. If your parent/legal guardian has lived outside Virginia for the past year, will the parent/guardian have:
- A. Been employed in Virginia and earned at least \$10,300 during the past year?
- B. Paid Virginia income taxes on all taxable income earned in Virginia during the past year?
- C. Claimed you as a dependent for federal and Virginia income tax purposes?

### Section D: Parent/Legal Guardian or Spouse Information

17. Where have you lived for the last two years?  
 (List current address first. Include dates)

Street Address	City	State	Zip	From	To

### Section E: Certification and Signature(s)

**I certify that all of the information I provided in this application is true and accurate. I understand that this application is a legally binding document and that if I provide fraudulent information, I may be subject to repayment of tuition or dismissal. I agree to furnish the college with supporting documentation related to my application, if I am requested to do so.**

Signature of Applicant	Social Security Number	Date
Signature of Parent/Legal Guardian or Spouse	Date	