Superintendent Letter of Eligibility
Summary of Submission

Graduate Studies

Please complete this form and send it in with your completed Application Form and supporting credentials.

1. Application for Admission
2. Three (3) Letters of Reference (At least one must be from a supervisor or individual familiar with your professional experience.)
3. Official Transcript from every College or University attended. (Official transcripts from The University of Scranton are not required; the admissions office will secure transcripts.)
4. Evaluation credential for all transcripts from college or universities where English is not the language of instruction. (For example: World Education Services (WES) or comparable recognized credential evaluation company.)
5. Statement of Intentions
6. Professional Résumé
7. Copy of Administration I or Administrative II Certificate

I certify that the information I have given is true to the best of my knowledge. I agree that if I am admitted, I will comply with all rules and policies of The University of Scranton including the Academic Code of Honesty.

_____________________________ Date ___________
Signature

All application materials should be sent to:

The University of Scranton
College of Graduate and Continuing Education
Office of Online and Off Campus Programs
800 Linden Street, OHA 121
Scranton, PA  18510-4632
FAX: 570-941-5819
Admission Application
Superintendent Letter of Eligibility

Graduate Studies

I. BASIC INFORMATION (Please Print or Type)

Name: ________________________________________________________________

Last                                                              First                                          Middle

Maiden Name: ____________________________________  ☐ Social Security no. __________________________

Gender: ☐ Male  ☐ Female  Date of Birth (mm/dd/yyyy): ______________________

Current Address: Street: ________________________________________________

City, State, ZIP: _______________________________________________________

County: ___________________________________________  Daytime Tel: _______________________

Email: ________________________________________________________________

Evening Tel: _______________________

Country of Citizenship ________________________________________________

Please indicate if you have been convicted of a crime: ☐ No  ☐ Yes (If yes, please provide details.)

______________________________________________________________

Term Applied for:  ☐ Fall 20_____  ☐ Spring 20_____  ☐ Summer 20_____  

II. EDUCATIONAL HISTORY
List all undergraduate and graduate (if any) institutions you have attended, starting with the most recent.

<table>
<thead>
<tr>
<th>Institution*</th>
<th>Dates Attended</th>
<th>Major</th>
<th>Degree</th>
<th>Overall GPA</th>
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*Official transcripts are required from every institution you have attended for full university admission. Certified credential evaluation required for college or university where the transcript and language of instruction is not English. (For example: World Education Services (WES) or comparable recognized credential evaluation company.)
Name of Applicant: ___________________________________________________

Do you think your past academic record is a reasonably fair indication of your present ability to pursue graduate study? Yes ____ No ____ (If “no” please explain below.)

___________________________________________________________________________________

III. WORK HISTORY
List current and other recent work experience you have had, especially that relevant to your proposed graduate program. List current or most recent employer first.

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<th>Employer</th>
<th>Position</th>
<th>Dates</th>
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IV. OTHER BACKGROUND INFORMATION
List other information such as awards, volunteer activities, special experiences or skills that may be relevant to evaluating your application.

___________________________________________________________________________________

V. REFERENCES
List the names, positions and addresses of three persons from whom you have requested letters of reference in support of your application. You will find forms for this purpose later in the application.

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<th>Name</th>
<th>Position/Organization</th>
<th>Address</th>
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Note: At least one of the three letters of reference must be from a supervisor or an individual familiar with your professional experience. If you have been out of school for some time so that letters from former professors are inappropriate or difficult to obtain, then letters may be obtained from persons such as work supervisors or colleagues.
VI. STATEMENT OF INTENTIONS
On a separate sheet of paper, please provide a brief description of your reasons for pursuing graduate study, what you expect to gain from the program and any special background factors which you think will help your studies. Please limit your statement to one page. Please attach to the statement, your resume and a copy of your business card.

VII. ETHNIC BACKGROUND (RESPONSE VOLUNTARY)
The United States Office of Civil Rights, under Title VI, requests the following information from higher education institutions. The information is confidential. Please check the appropriate item.

Are you Hispanic or Latino?  ____Yes  ____No

Check one or more of the following groups in which you consider yourself to be a member:
___American Indian or Alaskan Native
___Native Hawaiian or other Pacific Islander
___Asian
___Black or African American
___White
Name of Applicant: ____________________________________________________________

Royal ID: R ________________

Departmental Recommendation:

☐ Regular Admission

☐ Probationary Admission
   Requirements:
   ◆ Must maintain cumulative GPA of 3.0 in first 9 graduate

☐ Admission Denied
   Reason: __________________________________________________________

Departmental Signatures:

____________________________________  ______________________________
Chair/Program Director                Date

____________________________________  ______________________________
Mentor (optional)                     Date

Dean’s Action:

____________________________________
Initial and date

Initial Term: __________________________  Mentor ____________________________
THE UNIVERSITY OF SCRANTON
A JESUIT UNIVERSITY

Graduate Studies

Letter of Reference

THE APPLICANT: FILL OUT THIS PART.
Then give this form to the person serving as a reference.

Provide the reference a stamped, self-addressed envelope.

APPLICANT’S NAME: ______________________________________________________________

GRADUATE PROGRAM APPLIED FOR: Superintendent Letter of Eligibility

DESired TERM OF ENTRY TO PROGRAM: ___________________________________________

I DO ____ DO NOT ____ waive my right to see the completed Letter of Reference in my file.

APPLICANT’S SIGNATURE: ______________________ DATE: ______________________

TO THE PERSON SERVING AS A REFERENCE:

You may complete this form or submit a separate letter including comments on the items listed on the back - whichever is more convenient for you.

If you are submitting a separate letter, please return this form with your letter since it contains the applicant’s statement of waiver/non-waiver of access to the Letter of Reference. Please note that, by federal law, if the applicant does not waive his/her right of access to the Letter of Reference, then he/she may see it after it is submitted.

Thank you for helping us evaluate the suitability of this person for entry into Graduate Studies at The University of Scranton.
Name of Applicant: ________________________________

For how long and in what capacity have you known the applicant?
__________________________________________________________________________________
__________________________________________________________________________________

How would you rate the applicant’s academic ability for pursuing graduate study in his/her chosen field?

☐ POOR ☐ FAIR ☐ GOOD ☐ VERY GOOD ☐ OUTSTANDING ☐ DON’T KNOW

Comments: ________________________________________________________________________

How would you rate the applicant’s motivation to study at the graduate level?

☐ POOR ☐ FAIR ☐ GOOD ☐ VERY GOOD ☐ OUTSTANDING ☐ DON’T KNOW

Comments: ________________________________________________________________________

How would you rate the applicant’s personal qualities for succeeding in his/her chosen field?

☐ POOR ☐ FAIR ☐ GOOD ☐ VERY GOOD ☐ OUTSTANDING ☐ DON’T KNOW

Comments: ________________________________________________________________________

Provide any other comments you would like to make that will be helpful in evaluating the applicant.
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________

NAME (print): ________________________________________________

TITLE/POSITION: ________________________________________________

ADDRESS: ______________________________________________________

SIGNATURE: ___________________________ DATE: _________________
Transcript Request

To be completed by the applicant

If you have attended more than one college or university you may photocopy this form.

Name __________________________________________________________

MaidenName ______________________________________________________

School __________________________________________________________

Degree __________________________________________________________

Year Graduated __________________________________________________

☐ U.S. Social Security No. __________________________________________

I authorize the release of my academic transcript to The College of Graduate and Continuing Education, The University of Scranton.

Signature _____________________________________________ Date ________________

To Be Completed By The Registrar
The person named above is applying to a graduate program at The University of Scranton. Our admissions procedure requires that an official transcript be sent along with the application form.

Please complete this form and place the transcript of the above named individual into the enclosed self-addressed envelope. Then seal the envelope, sign across the seal, and return to:

The University of Scranton
College of Graduate and Continuing Education
Office of Online and Off Campus Programs
O’Hara Hall, Room 118
Scranton, PA 18510-4632

Signature of School Official __________________________________________ Date ________________

Institutional Seal

January 2011