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. Application Fee of $50.00 (non-refundable)
4. Official Transcript from every College or University attended
5. 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.)
6. Statement of Intentions
7. Professional Résumé
8. Copy of Administration I or Administrative II Certificate

Signature_____________________________________________________ Date________________________________

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 120
Scranton, PA 18510-4632
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>
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<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.

Employer

Position

Dates

________________________________

____________________________

________________________________

____________________________

________________________________

____________________________

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.

Name

Position/Organization

Address

________________________________

________________________________

________________________________

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
  ♦ ____________________________________________________________
  
  Must maintain a grade of C or better in each course.

☐ Admission Denied

Reason: ________________________________________________________________

Departmental Signatures:

______________________________ ______________________________
Chair/Program Director Date

______________________________ ______________________________
Mentor (optional) Date

Dean’s Action:

_____________________________________________________________________

Initial and date

Initial Term: ________________ Mentor ________________________________
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

December 2009