

LINDENWOOD

LINDENWOOD UNIVERSITY ST. CHARLES, MISSOURI

Application for Admission Doctor of Education

Name _____
Last First M.I. Maiden

Name other than above appearing on college transcripts: _____

Home Address _____
Street City State/Zip

E-Mail Address _____ Cell Phone _____

Telephone (Home) _____ (Work) _____

Place of Employment _____

Position _____ Years in Position _____ Years in District _____

Work Address _____
Street City State/Zip

Social Security Number _____

Have you ever attended Lindenwood? Yes No If yes, date last attended _____

Have you applied for AND been accepted by Graduate Admissions? Yes No

Previous Education (Start with the most recent college/university and work backwards in chronological order)

<u>College/University</u>	<u>City</u>	<u>State</u>	<u>Date Attended</u>	<u>Degree/Date</u>

Are you eligible for tuition reimbursement from your school district? Yes No
If "Yes," please state percentage of tuition paid _____% and/or annual amount \$ _____

Are you applying for financial aid? Yes No *Financial aid will not be awarded until you are admitted to Lindenwood.*

I learned about Lindenwood University through _____

In the event of enrollment, I agree that I will be subject to all the school, financials, and academic rules and regulations of Lindenwood University. I certify that the above information is correct.

Applicant's Signature _____

Date _____

Please return the completed application with your non-returnable \$30 fee to:

Lindenwood University
Office of Adult, Corporate and Graduate Admissions 209 S.
Kingshighway, St. Charles, MO 63301

For more information:

E-Mail: adultadmissions@lindenwood.edu

Phone: (636) 949-4933

ReAdmit	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Type

Potential students for the EdD program must:

- 1) Have received acceptance into the Graduate School
- 2) Submit Ed D application
- 3) Submit Graduate Record Examination (GRE) scores
- 4) Provide four letters of recommendation (at least 2 must have an earned doctorate)
- 5) Have a Grade Point Average (GPA- a minimum of 3.4 in pervious graduate studies)
- 6) Participate in an On-site writing assessment (to be scheduled)
- 7) Provide professional resume
- 8) Participate in an interview- If the admission criteria (GRE scores, letters of recommendation, GPA, writing assessment, and resume) are satisfied, the applicant will be invited for an interview

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Supplementary Application for Admission

EdD PROGRAM IN EDUCATIONAL ADMINISTRATION OR
INSTRUCTIONAL LEADERSHIP

Part I. Please attach:

- A. Your occupational resume, indicating any experience you have had in conducting research in any field;
- B. Please describe an experience, responsibility, etc, in a non-educational job that has assisted you in becoming a leader.

Part II. Please answer the following questions on separate sheets of paper.

- A. What are the most significant two or three things that you've accomplished in your career that demonstrate evidence of your potential for leadership in school administration, educational policy, or other fields pertinent to school practice or educational scholarship?
- B. Please describe what you consider to be the ideal graduate degree program for you. What are your most important reasons for wanting to learn about educational research studies and research methods? Your response should give a clear picture of the kind of educational experience you seek.

Part III. Information about your Educational Certification

Which of the following credentials have you completed?

Check all that apply, and answer all questions relevant to those that apply.

Initial Principal's Certificate (Missouri)

Year _____ At which institution? _____

Advanced Principal's Certificate (Missouri)

Year _____ At which institution? _____

Superintendent's Certificate (Missouri)

Year _____ At which institution? _____

Other Educational Credentials

Year _____ At which institution? _____ Which State? _____

Do you plan on obtaining either the advanced principal's or superintendent's certificate concurrently with the EdD degree if accepted into this program? Yes No

Part IV. Signature

Signature

Date

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Reference Checklist for Admission to EdD Program

Each applicant must provide four (4) references.

Name of applicant: _____ Date: _____

The above applicant has applied for admission to the Lindenwood University Doctor of Education program. As a reference in support of this applicant, you are asked to evaluate the applicant on the qualities and characteristics below. Your responses will be used in the evaluation of this applicant's potential as an EdD candidate.

NOTICE ON CONFIDENTIALITY: Applicants for admission do not have access to their application records. Under the provisions of the Family Educational Rights and Privacy Act of 1974, only registered (admitted) students and alumni have access to their educational records. This reference will be used solely for determining whether the applicant is admissible to the university. This reference will be removed from the accepted student's file and destroyed when the student has matriculated.

Please place an "X" in rating column appropriate to your assessment of the applicant.

Qualities/Characteristics	Excellent/ Exceptional	Above Average	Below Average	No opportunity to Observe
1. Attitude and Personality: Mannerisms, dispositions, ability to work with people, confidence, acceptance of criticism				
2. Reliability and Character: Dependability, willingness, honesty, moral character				
3. Personal: Reflects a personal example of a healthy and productive lifestyle				
4. Work Habits and Industry: Conscientiousness, follow-through, resourcefulness, self-discipline, initiative				
5. Emotional Stability: Reaction to stress, poise, control, inspiring confidence				
6. Capacity for Independent Thinking: Leadership ability, creative thought, curiosity, active learning				
7. Judgment and Common Sense: Ability to foresight in everyday decisions, expression of opinion, maturity				
8. Communication Skills: Verbal, non-verbal, and written				

I have known the applicant for _____ years and/or _____ months.

Check all that are appropriate:

Student Employee Friend Volunteer Other

Has the applicant reviewed his/her academic record with you prior to your making this recommendation?

Yes No

Please use this space to give us your overall impression of the applicant.

What are the applicant's overall strengths:

In what area(s), if any, does the applicant need to improve:

My overall impression and support for this applicant's application *(please circle):*

UNACCEPTABLE QUESTIONABLE ACCEPTABLE HIGH VERY HIGH

NAME (Printed)

SIGNATURE & TITLE

ADDRESS

COMPANY NAME

CITY/STATE/ZIP

PHONE NUMBER

UPON COMPLETION OF THIS FORM, PLEASE PLACE IN AN ENVELOPE, SEAL IT, AND WRITE YOUR SIGNATURE ACROSS THE SEAL. IT IS TO BE RETURNED TO THE STUDENT FOR SUBMISSION WITH HIS/HER APPLICATION PACKET.