APPLICATION FOR ADMISSION

Master of Arts in Education Professional Educator’s License

PROFESSIONAL INFORMATION
What subjects are you interested in teaching?

What is your grade level interest?   ☐ EARLY (Pre K – 3)   ☐ MIDDLE (4 – 9)  ☐ SECONDARY (7 – 12)  ☐ K – 12 (Art, Music, Phys Ed, Spanish)

Are you currently teaching?   ☐ YES   ☐ NO   If yes, School District _______________ County _______________

School ____________________________ Assignments/Grades __________________

STATEMENT OF PURPOSE
Please type your statement of purpose on a separate sheet of paper and attach to this application. State what you hope to accomplish by obtaining a Master of Arts in Education degree from Mount Vernon Nazarene University. Length should be three or four paragraphs, double spaced, with a font size no larger than 12.
REFERENCES
Please list names of three professional persons who know you well (include name and professional position). One reference must be an employer/supervisor. Another reference should be from a former teacher/professor. The third reference should be from a superior or leader (church, school, club, service, or organization). Please request that your references return the enclosed form to MVNU.

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(For government reporting purposes only)

RACIAL/ETHNIC BACKGROUND (check one):
- WHITE, NON-HISPANIC
- NONRESIDENT ALIEN
- HISPANIC
- BLACK, NON-HISPANIC
- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC INDIAN

MARITAL STATUS (check one):
- DIVORCED
- MARRIED
- SEPARATED
- SINGLE
- WIDOWED

GENDER (check one):
- FEMALE
- MALE

CHURCH AFFILIATION: ____________________________ IF NAZARENE, DISTRICT: ____________________________

- YES  NO  Have you ever been dismissed or asked to withdraw from any educational institution? If yes, please give full explanation on a separate sheet.

- YES  NO  Have you ever been convicted of a felony? If yes, please give full explanation on a separate sheet.

FINANCIAL AID INFORMATION

- YES  NO  Will you complete a FAFSA to apply for a student loan?
- YES  NO  Will you receive VA benefits? If yes, indicate amount per month. $ ____________________________
- YES  NO  Will you receive tuition assistance from your employer? If yes, attach documentation indicating amount.

Notice of Nondiscriminatory Policy
Mount Vernon Nazarene University admits students to all the rights, privileges, programs, and activities generally accorded or made available to the student at the University without regard to race, color, national origin, ancestry, sex, physical handicap, or socioeconomic status. It does not discriminate on any of these factors in administration of its educational policies, admissions policies, scholarship or loan programs, and the athletic and other university-administered programs.

Campus Safety Report
Mount Vernon Nazarene University’s annual security report includes statistics for the previous three years concerning reported crimes that occurred on campus; in certain off-campus buildings owned or controlled by Mount Vernon Nazarene University; and on public property within, or immediately adjacent to and accessible from the campus. The report also includes institutional policies concerning campus security, such as policies concerning alcohol and drug use, crime prevention, the reporting of crimes, sexual assault, and other matters. You can obtain a copy of this report by contacting the Office of Safety and Security or by accessing the following web site: www.MVNU.edu/services/safety/annualcrimerept.html

I certify that the above statements are accurate and complete to the best of my knowledge. I understand that withholding information requested in this application or giving false information may make me ineligible for admission to or continuation in Mount Vernon Nazarene University. I also understand that Mount Vernon Nazarene University reserves the right to refuse the release of any student’s transcript, grade point, or degree if student fails to comply with admission requirements or to pay any accounts due at the University.

Signature of Applicant ____________________________ Date ____________________________