



- Check one: [ ] MAE; Non-licensure
[ ] MAE; Teacher licensure specify area
[ ] MAE; Education Leadership Endorsement
[ ] Non-Degree Seeking; Teacher Endorsement Only specify area
[ ] Non-Degree Seeking; Education Leadership Endorsement Only
[ ] MSP; Master of Science in Public Service Management
[ ] MBA; Master of Business Administration

Application for Admission to the: Fall [ ] Spring [ ] Summer [ ] Semester Year \_\_\_\_\_

APPLICANT INFORMATION (Please print neatly and legibly.)

Name: \_\_\_\_\_ SS#: \_\_\_\_\_
(Last) (First) (Middle or Maiden)
Name on transcripts (if different from above): \_\_\_\_\_
Address: \_\_\_\_\_ E-mail: \_\_\_\_\_
City/State/ZIP: \_\_\_\_\_ Home Telephone: \_\_\_\_\_
U.S. Citizen: [ ] Yes [ ] No Visa Type: \_\_\_\_\_ County of Residence \_\_\_\_\_
Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_
(City/County/State and Country, if other than U.S.)

OPTIONAL DATA (for statistical use only)

Sex: [ ] Male [ ] Female Marital Status: [ ] Single [ ] Married
Ethnic Origin: [ ] African American [ ] Asian American [ ] Caucasian
[ ] Hispanic American [ ] Native American [ ] Other \_\_\_\_\_

EMPLOYER INFORMATION

Employer Name: \_\_\_\_\_ Start Date: \_\_\_\_\_
Current Position: \_\_\_\_\_ Current Supervisor: \_\_\_\_\_
Address: \_\_\_\_\_
City/State/ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

EDUCATIONAL HISTORY (Include ALL institutions attended)

Institution: \_\_\_\_\_ Institution: \_\_\_\_\_
Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_
Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_
Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_
Institution: \_\_\_\_\_ Institution: \_\_\_\_\_
Location: \_\_\_\_\_ Dates: \_\_\_\_\_ Location: \_\_\_\_\_ Dates: \_\_\_\_\_
Major: \_\_\_\_\_ GPA: \_\_\_\_\_ Major: \_\_\_\_\_ GPA: \_\_\_\_\_
Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_ Degree: \_\_\_\_\_ Date Received: \_\_\_\_\_

Official transcripts from all colleges attended should be mailed directly to: Cumberland University
Graduate Admissions Office
One Cumberland Square
Lebanon, TN 37087-3408

**REFERENCES**

Please list the name and address of three persons, including your current supervisor, who know of your professional/academic work and are willing to recommend you for this program. Give each person a recommendation form and instruct them to mail it directly to the Graduate Office. Your application will NOT be considered complete until all references have been received. (Loans cannot be processed until your file is complete.)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

Do you have a military background?  Yes  No If yes, check with **Troops to Teachers** as you may be eligible for special education funds: <http://www.state.tn.us/education/lic/troop.shtml>.

**REQUIRED ENTRANCE EXAMINATION**

Submit **ONE** of the following:

MAE: MAT

MSP: MAT

MBA: GMAT

Name of Test(s) Taken/Will Take: \_\_\_\_\_ Date Taken/Will Take: \_\_\_\_\_

**ADDITIONAL INFORMATION**

Have you ever applied to Cumberland University before?  Yes  No If Yes, when? \_\_\_\_\_

**MAE Applicants: Check one regarding your teacher licensure status:**

- I have completed a teacher education program and hold a professional teaching license.
- I wish to obtain an **initial** teacher license while earning a master's degree. Endorsement area desired: \_\_\_\_\_
- I wish to enter the program on a **Transitional** teaching license. Endorsement area desired: \_\_\_\_\_
- I do not hold a teacher's license and do not wish to obtain licensure.
- I have completed a master's degree and am working toward a second master's with licensure. Area \_\_\_\_\_
- Non-degree; seeking Endorsement ONLY: PreK  Elementary  Other \_\_\_\_\_

**IMPORTANT NOTE:** Upon completion of the MAE in Teaching & Learning (online), please note the following:

- 1. Upon master's degree conferral, graduates are responsible for submitting required documentation to the Tennessee Office of Teacher Licensing to add the Masters degree to the license.
- 2. Any endorsement **other than** the Masters degree must be filed with the state by the university's certification officer.
- 3. If you are seeking teacher licensure (initial or add-on), contact the Dean of Education for a transcript evaluation and Program of Studies. Upon completion of all licensing requirements, contact Cumberland's School of Education certification officer for assistance in submitting the application.

**STATEMENT OF ACCURACY**

I understand withholding information requested in this application or giving false information may make me ineligible for admission to, or continuation in, Cumberland University's Graduate programs. I certify that the above statements are correct and complete.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**APPLICATION CHECKLIST**

- All questions answered and application signed.  Recommendation forms given to recommenders.
- Transcript requests sent to **all** colleges attended.  Request for OFFICIAL test scores submitted to testing service.

**Please submit the following documents with your application:**

- Application
- Application Fee (\$50)
- Copy of Tennessee teaching license, if applicable

Mail to: Cumberland University, Graduate Admissions Office, One Cumberland Square, Lebanon, Tennessee 37087-3408  
Telephone: 615-547-1206 Toll-free: 1-800-467-0562 Ext. 1206

*Cumberland University makes no distinction in its admission policies or procedures on grounds of age, sex, religion, race, color, national origin, or physical handicaps.*

CU 2/2009



## RECOMMENDATION FORM

### To Be Completed by Applicant:

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

**NOTE TO APPLICANT:** This form must be used for recommendations. Please enter your name above and deliver one copy of this form to three individuals who will provide you with a recommendation. Under the Family Educational Rights and Privacy Act of 1974, students enrolled at Cumberland University have access to their educational records, including letters of evaluation. However, students may waive their right to see letters of evaluation, in which case the letters will be held in confidence. If the applicant has not signed a waiver, he or she may request to see the recommendation forms after enrolling in the Graduate Studies Program at Cumberland University.

If you wish to waive your right to examine the recommendation submitted by the person to whom this form is being given, please sign here:

\_\_\_\_\_  
Signature of Applicant Date

**TO BE COMPLETED BY THE RECOMMENDER:** The person named above is applying for admission to Cumberland University's Graduate program. We would appreciate your assessment of the applicant and welcome your comments. Please read the *Note to Applicant* above regarding confidentiality. We appreciate your time and effort.

How long have you known the applicant and in what capacity? \_\_\_\_\_

What do you consider to be the applicant's greatest attributes and abilities? \_\_\_\_\_

In what areas do you think the applicant needs the most improvement? \_\_\_\_\_

How well do you think the applicant has considered plans for graduate study? \_\_\_\_\_

How well do you think the applicant will perform in an environment that stresses a high degree of teamwork, independent thought and action, and personal motivation? \_\_\_\_\_

*(continued on back)*

CU 8/2008

In terms of the qualities listed below, please evaluate the applicant:

	EXCEPTIONAL (Top 5%)	OUTSTANDING (Top 15%)	ABOVE AVERAGE (Top 33%)	AVERAGE	BELOW AVERAGE (Bottom 33%)	NOT ABLE TO RATE
Intellectual Ability						
Analytical Ability						
Ability to work with others						
Written Communications						
Oral Communications						
Leadership Potential						
Motivation and Organization						
Ethical Behavior						

**RECOMMENDATION:**

Highly recommend    Recommend without reservation    Recommend with reservation    Do not recommend

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature of Recommender

\_\_\_\_\_  
Date

We welcome any additional comments you may wish to make regarding the applicant's abilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please forward this form to: Cumberland University  
Graduate Admissions Office  
One Cumberland Square  
Lebanon, Tennessee 37087-3408

Telephone: 615-547-1206 (local)  
1-800-467-0562 Ext. 1206(toll-free)  
FAX: (615) 444-2569

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## REQUEST FOR TRANSCRIPT

**TO THE STUDENT:** Please complete the information below. Make as many copies as you need, and send one to the Registrar at each college or university that you attended for bachelor's degree and graduate coursework.

NAME \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SS# \_\_\_\_\_

I authorize \_\_\_\_\_ to release my transcript  
(Name of College)  
and any information contained in my academic and/or personnel records to Cumberland University.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

### **TO THE REGISTRAR:**

The student named above has applied for admission to our graduate program. This form is part of the official application. Please return this form and an official copy of the student's transcript to:

Cumberland University  
Graduate Admissions Office  
One Cumberland Square  
Lebanon, TN 37087-3408