Graduate Application

Department of Educational Leadership

College of Education, Nursing and Health Professions

University of Hartford

Educational Leadership Programs

Doctoral Program, Ed.D.
Sixth-Year Certification Doctoral Program, Ed.D
C.A.G.S. in Educational Leadership
Directions for Graduate Study in Educational Leadership

The Center for Graduate and Adult Academic Services and the Admissions Committee of the Department of Educational Leadership welcome your application for admission to the Programs in Educational Leadership. All sections of the application must be completely filled out and all necessary credentials must be submitted before the application will be reviewed. Applicants must successfully fulfill the requirements of Phase I before advancing to Phase II.

Phase I

To complete the initial phase of the Sixth-Year Certification and Ed.D. application, the applicant must submit the following credentials:

- Application Form
- Writing Samples (use enclosed forms)
- Current Résumé
- Application Fee
- Official Transcripts
- Miller Analogies Test Scores (MAT)
- Letter of Support from Employer (on office stationery)
- Three Letters of Recommendation (use enclosed forms)

Application Form and Fee

All sections of the Application Form must be completed; please do not state “refer to résumé.” Each application should be accompanied by a nonrefundable check or money order, $40 for domestic applicants, $55 for international applicants, payable to the University of Hartford.

Official Transcripts

Official transcripts of all academic undergraduate and graduate work are required. They should be forwarded to the Center for Graduate and Adult Academic Services.

Miller Analogies Test Scores

All applicants are required to submit Miller Analogies Test (MAT) scores. The Miller Analogies Test must have been taken within the last five years. Scores must be sent separately to the Center for Graduate and Adult Academic Services by the testing agency. To request MAT score reports, contact Miller Analogies Test, Psychological Corporation, 555 Academic Court, San Antonio, TX 78204, (512) 299-1061 or http://milleranalogies.com. Information about the MAT may be obtained from the Center for Graduate and Adult Academic Services at 860-768-5447.

Letter of Support from Employee

All applicants must submit letters of support from their employers, commenting on their: (1) experience in an educational position; (2) ability to complete successfully a doctoral program of study; and (3) leadership potential. The letter of support should be written on official stationery by the applicant’s supervisor.

Writing Sample

Applicants must demonstrate competency in written expression by completing both questions on the Writing Sample sheets in the Application Package.

Letter of Recommendation

Applicants must submit three letters of recommendation from professionals who are able to comment on their intellectual ability, breadth of knowledge, and potential leadership capability in the field of education. Applicants should provide each person who writes a recommendation on their behalf with a stamped envelope addressed to the Center for Graduate and Adult Academic Services.

Phase II

Applicants who have successfully completed Phase I will receive notification requesting that they schedule an interview with the Educational Leadership Program faculty. The admissions interview is the last step in the application process.

Admissions Reviews

Ordinarily, successful candidates will be admitted into the program in cohort groups. A new group will matriculate each summer.

The Educational Leadership Admissions Committee can make the following decisions: 1) admit; 2) deny admission; 3) admit with conditions; and 4) defer admission. Admission decisions are based on an evaluation of all materials submitted in support of the application.

For More Information

Please direct any questions to the appropriate office:

- Program Information: 860-768-5263
- Application Process: 860-768-4371
- Financial Assistance: 860-768-4282

Complete your application form online at: admission.hartford.edu/graduate or complete the attached application form.
Educational Leadership
Graduate Application

☐ Fall  ☐ Spring  ☐ Summer  Year ________________  ☐ Full Time  ☐ Part Time

PERSONAL DATA
(Please type or print)

Legal name:
(Name as it appears on passport) Last (Family) First (Given) Middle (Complete)

Other name credentials may be under: __________________________________________________________

Permanent address: ____________________________________________________________
Street City State ZIP Phone

Local address: ____________________________________________________________
Street City State ZIP Phone

Business address: ____________________________________________________________
Employer Fax no.
Street City State ZIP Phone

*E-mail: ____________________________________________________________
(*must be supplied for application updates and status)

Date of birth: Day ___________ Month ___________ Year __________ Sex: ☐ Male ☐ Female

Ethnic background (optional): ☐ Native American or Alaskan Native ☐ African-American ☐ Hispanic
☐ Asian-American or Pacific Island ☐ Caucasian ☐ Other _______________________

Citizenship: Are you a U.S. citizen or a permanent resident (green-card holder)? ☐ Yes ☐ No If no, what is your country of citizenship? _______________________

EDUCATIONAL PLANS AND OBJECTIVES

Program in Educational Leadership to which you are applying:
☒ Doctoral Program, Ed.D. ☐ Sixth-Year Certification ☐ C.A.G.S.

How did you hear about the University of Hartford? ____________________________________________________________

Have you previously applied to the University of Hartford? ☐ Yes ☐ No If yes, when? _______________________

Are you seeking graduate transfer waiver/credit? ☐ Yes ☐ No If yes, from which institution(s)? _______________________

To what other programs have you applied? ____________________________________________________________

FEDERAL ASSISTANCE

To receive federal assistance, including Stafford loans, students at the University are required to file the Free Application for Federal Student Aid (FAFSA).

If applying for full-time study, do you wish to be considered for a graduate assistantship? ☐ Yes ☐ No
ACADEMIC HISTORY
List all postsecondary institutions you have attended. (Attach additional information on separate sheet.)

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<tr>
<th>Institution (List chronologically)</th>
<th>4-Digit Code (if known)</th>
<th>Location</th>
<th>Attended From-To</th>
<th>Degree</th>
<th>Year</th>
<th>Major/Minor</th>
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List the foreign languages in which you have a basic reading knowledge:__________________________________________________

TESTING INFORMATION: Have you taken any of the following tests? □ Yes

☐ GMAT DATE
☐ GRE DATE
☐ PSYCH. GRE DATE
☐ MAT DATE
☐ MCAT DATE

☐ DAT DATE
☐ TOEFL* DATE Have scores been forwarded to the University of Hartford? ________________________

*Note: International students for whom English is a second language are required to take the TOEFL (Test of English as a Foreign Language) prior to admission.

RECENT EMPLOYMENT HISTORY
(Attach additional information on separate sheet.)

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<thead>
<tr>
<th>Employer (List chronologically)</th>
<th>Location</th>
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<th>Position</th>
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AWARDS, HONORS, PROFESSIONAL MEMBERSHIPS, AND LICENSES
(Attach additional information on separate sheet.)

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RECOMMENDATIONS
List persons supplying your letters of recommendation. (See direction sheet for required number.)

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<th>Name</th>
<th>Title</th>
<th>Address</th>
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I certify that all items on this application are answered correctly and completely. I understand that incomplete information, the withholding of information, or incorrect information may disqualify me for admission to the University of Hartford or may later be the basis for my withdrawal or dismissal.

Applicant's signature ___________________________ Date __________________

Please return your application materials, with the nonrefundable application fee,* to the University of Hartford, Center for Graduate and Adult Academic Services, Computer and Administration Center, 200 Bloomfield Avenue, West Hartford, CT 06117-1599. Once your application and supporting documents have been processed, they become the property of the University of Hartford.

*$40 Domestic Application, $55 International Application.
Check should be made payable to the University of Hartford.
Check the appropriate box:

☐ Doctoral Program in Educational Leadership
☐ Sixth-Year Certification in Educational Leadership
☐ C.A.G.S. in Educational Leadership

Supplementary Form

To be filled in by Applicant:

Name of Applicant _______________________________________________________

Identify any publications you have authored or co-authored. (Applicants may submit copies of recent professional publications.)

__________________________________________________________________________

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Identify and describe any research experience you have had.

__________________________________________________________________________

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Identify any professional activities or positions held in professional organizations (i.e., speeches, workshops, conference presentations).

__________________________________________________________________________

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Please return this form to the address above.
Check the appropriate box:

☐ Doctoral Program in Educational Leadership
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Writing Sample I

Directions: Please respond to both of the following questions. Each answer should be 500 words in length. Your answer should be typewritten and double spaced. Be as creative as you think necessary to respond to each question. Attach additional pages to respond to these questions, if necessary.

1. Please describe your personal vision for education in the 21st century.
Writing Sample II

2. Recently, much national attention has been focused on the role of the educational leader in facilitating change and improvement in education. What are the characteristics of effective school leaders? What must these leaders do to facilitate change and improvement in the educational systems?
Check the appropriate box:

☐ Doctoral Program in Educational Leadership
☐ Sixth-Year Certification in Educational Leadership
☐ C.A.G.S. in Educational Leadership

Recommendation for:
To be completed by the Applicant:

Name __________________________________________ Anticipated entrance date: _____________________

To be read by Applicant and Recommender:
Under the Family Educational Rights and Privacy Act of 1974, University of Hartford students have access to their admission files, including recommendation letters. Please remember that the applicant has access to this recommendation unless the applicant has signed the waiver statement below.

☐ I have retained my right of access to this recommendation.
☐ I have waived my right of access to this recommendation.

Signature _________________________________________________________ Date _________________________

To be completed by the Recommender:
Please rate the applicant in comparison with others at the same level of training:

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<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Not able to judge</th>
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<td>Intellectual Ability</td>
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<td>Breadth of Knowledge</td>
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How do you rate the overall ability and promise of this applicant in an advance Educational Leadership program?
☐ Questionable ☐ Marginal ☐ Average ☐ Above Average ☐ Superior ☐ Not Able to Judge

How do you rate the overall ability and promise of this applicant to be an effective educational leader?
☐ Questionable ☐ Marginal ☐ Average ☐ Above Average ☐ Superior ☐ Not Able to Judge

Please complete the reverse side.
The Educational Leadership Admissions Committee would appreciate your assessment (on this form) of the applicant’s scholarship, personality, leadership abilities, and motivation for doctoral study. It will also be helpful for us to know how long, and in what capacity, you have known the applicant.

Recommender’s Name

Date ________________ Signature ____________________________

Institution __________________________________ Title/Position ____________________________

Address ______________________________________________________

E-mail ______________________________________________________

Please return this form to the address above.
Check the appropriate box:

☐ Doctoral Program in Educational Leadership
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☐ C.A.G.S. in Educational Leadership

Recommendation for:
To be completed by the Applicant:
Name __________________________________________ Anticipated entrance date:         /           /___________________

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Recommender’s Name ________________________________________________________________

Date ___________________ Signature ________________________________________________

Institution ______________________________ Title/Position ______________________________

Address ____________________________ Street Address __________________________ City

E-mail ____________________________________________________________

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Recommender’s Name

Date

Signature

Institution

Title/Position

Address

E-mail

Please return this form to the address above.
Statement of Nondiscriminatory Policies

Consistent with the requirements of Title IX of the Education Amendments of 1972, as amended, the University does not discriminate on the basis of gender in the conduct or operation of its educational programs or activities (including employment therein and admission thereto). The University admits students without regard to race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the University. It complies with Title VI of the Civil Rights Act of 1964, as amended, and does not discriminate on the basis of race, gender, physical ability, creed, color, age, sexual orientation, national and ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other University-administered programs. The University of Hartford hereby provides notice to its students, employees, applicants, and others that it supports the language and intent of Section 504 of the Rehabilitation Act of 1973 (and regulations issued pursuant thereto), which prohibits discrimination on the basis of disability in its educational programs and activities, including admission to and access to the University. The Dean of Students (Gengras Student Union, telephone (860) 768-4260) is the individual designated to coordinate efforts by the University to comply with and carry out requirements under Title IX and Section 504.

Inquiries concerning the application of Title IX, Section 504, and Title VI may be referred to the Regional Director, Office of Civil Rights, U.S. Department of Education, Boston, Massachusetts 02109.