



TO APPLY FOR ACCEPTANCE INTO THE MASTER OF URBAN EDUCATION AND THE CERTIFICATE OF URBAN EDUCATION AT DAVENPORT UNIVERSITY:

- Master of Urban Education only
- Certificate of Urban Education

- Complete Application
Submit a completed application at davenport.edu/apply.
- Official Transcript(s)
 - Request official transcripts from all accredited institutions attended to be sent directly to the Davenport University Registrar's Office at 6191 Kraft Avenue S.E., Grand Rapids, MI 49512. Submit proof of an earned undergraduate Bachelor's degree with a minimum 3.0 GPA. Electronic transcripts can be sent to Davenport University directly from the school to the following email address: electronictranscripts@davenport.edu.
- Recommendations
Two professional recommendation forms are required.
- Vitae
A vitae or professional resume must be included and it must include prior employment experience, educational experiences and other organizational affiliations.
- Statement of Purpose
See Statement of Purpose page.
- Interview
To be setup after receipt of complete Urban Education packet.

ADMISSIONS REQUIREMENTS:

1. Minimum of a Bachelor's degree from an accredited college or university
2. Minimum overall grade point average of 2.95
3. Seeking Certification
Passage of the Michigan Test for Teacher Certification (MTTC) Subject Area Test or if applicable, testing through the Michigan Occupational Competency Assessment Center (MOCAC)
 - MTTC—Subject Area* _____
* For further information about these tests, please go to: www.mttc.nesinc.com
 - Or
Certified Teacher - Seeking new endorsement on an existing certificate(s): Physical Ed and Special Ed not offered as endorsements
 - Passage of the Michigan Test for Teacher Certification (MTTC) Subject Area Test or if applicable, testing through the Michigan Occupational Competency Assessment Center (MOCAC)
 - MTTC—Subject Area* _____
* For further information about these tests, please go to: www.mttc.nesinc.com
4. Verification of Background Check

FOR SCHOLARSHIPS, GRANTS AND LOANS

A Free Application for Federal Student Aid (FAFSA) must be completed to determine your eligibility for all types of scholarships, grants and loans. Apply early at www.fafsa.ed.gov. Davenport University's school code is 002249.

*To obtain assistance in completing the application process, please contact an Admissions Representative at your campus.

2019 – 2020
Academic Year

Master of Urban Education and Certificate of Urban Education

Admissions Checklist & Requirements

All application materials must be submitted in one packet to:

Davenport University Registrar
c/o Urban Education
6191 Kraft Ave SE
Grand Rapids, MI 49512

800-686-1600 | davenport.edu



2019 – 2020
Academic Year

Master
of
Urban Education
and
Certificate
of
Urban Education
Application for
Admissions

PRINT ALL INFORMATION IN INK

Name: _____
Last First Middle
Address: _____
Number & Street
City State Zip/Country
Preferred Telephone #

Email Address: _____

Date of Birth: ___/___/___ Gender: Male Female

ETHNICITY & CITIZENSHIP

Although Davenport University requests this information for federal reporting purposes, providing this information is optional.

Citizenship U.S. Citizen Resident Alien Non-Resident

Country of Birth _____

Ethnicity Hispanic White, Non-Hispanic Black/African American
 American Indian/Eskimo Aleutian Asian/Pacific Islander Multiracial

Is English your first language? Yes No

EMPLOYMENT

Currently employed? Yes No

Organization Name _____

Position/Title _____

Address: _____
Number & Street
City State Zip/Country

Telephone Number: _____ Current Supervisor: _____

EDUCATIONAL BACKGROUND

Highest Degree Completed: BA MA SPEC Doctorate

PREVIOUS COLLEGE(S)

- 1. College/School _____
City _____ State _____
Last Date Attended _____ Degree Earned _____
- 2. College/School _____
City _____ State _____
Last Date Attended _____ Degree Earned _____
- 3. College/School _____
City _____ State _____
Last Date Attended _____ Degree Earned _____

**ADDITIONAL ADMISSIONS REQUIREMENTS:****1. Professional Status**

- Staff/Position Title: _____
- Certified Teacher - Grade Level/Subject: _____
- School: _____
- Other: _____
- Are you employed with any of our partners, indicate which one:

CONVICTION/REVOCAION INFORMATION

If you answer yes to any of the following questions, please provide a detailed description of the circumstances surrounding the conviction or action and attach copies of court documents. The alternate route provider must submit this documentation to the MDE at the time of the recommendation for the Michigan teaching certificate.

- 1. Have you ever accepted responsibility in a civil infraction (excluding speeding tickets) or been convicted of (or pled no contest to) a misdemeanor or felony? Yes No
- 2. Have you ever had a teaching/school counselor/school psychologist certificate suspended or revoked? Yes No
- 3. Is there currently action pending against your teaching/school counselor/school psychologist certificate? Yes No
- 4. Have you ever surrendered a teaching/school counselor/school psychologist certificate? Yes No

CRIMINAL RECORD CHECK FOR EMPLOYMENT

- 1. Sections 1230 and 1230a of the Revised School Code require school districts to conduct a State Police and Federal Bureau of Investigation criminal records check for all new teachers, school administrators, school counselors, school psychologists, school nurses and school social workers employed. A person may be immediately employed if a criminal records check has been requested and the individual has signed an oath regarding their conviction status.
- 2. Background checks must be completed before an applicant can be employed by a local school district, ISD or PSA. An applicant is responsible for payment of fees for a background check requested through the program director. The background check and fingerprinting is not required for admissions to the alternate route program.

Signature of Applicant:

_____ Date _____



The Statement of Purpose (SoP) is a 750 word essay that will tell the College of Urban Education Admissions Committee who you are, what has influenced your career path and what you plan to do with your Master’s degree. The SoP is your opportunity to speak directly to the Committee via essay and make your credentials stand out from similarly qualified candidates.

Your SoP should be objective yet self-reflective. The tone of the essay should be straightforward. Your topic should be relevant and concise. Document your conclusions with specific instances or draw your conclusions as the result of individual experience.

Seeking Masters of Urban Education

Focus on the following question:

What factors do you think contribute to the success of teachers in an Urban setting?

Seeking Certificate of Urban Education

Focus on the following questions:

Describe the reason you are interested in the urban education program. Explain how your experiences may contribute to an urban education environment.

What qualities do you believe you possess that would make you an effective urban educator?

Graduate student applicants should address their Statement to the College of Urban Education Admissions Committee. The Statement should be submitted with your application packet.

2019 – 2020
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Master of Urban Education and Certificate of Urban Education

Statement of Purpose

2019 – 2020
Academic Year



Master
of
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Urban Education

Professional
Recommendation

TO THE APPLICANT: (Please Type or Print in Ink)

Student Name: _____
Last First Middle

Address: _____
Number & Street

_____ City State Zip/Country

Telephone (Home) Telephone (Work) (Other)

Email Address _____

Additional Information:

_____ Date of Birth Student ID (if current Davenport student) Social Security # (optional)

TO THE APPLICANT AND THE RECOMMENDER:

This recommendation will be used only for admission purposes. I hereby waive my right to access this confidential information.

Signature of Applicant: _____ Date: _____

TO THE RECOMMENDER:

The person named above is an applicant to Davenport University Graduate Program. The Admissions Committee attaches considerable weight to the statements made by the recommenders the applicant has selected. You will greatly assist the members of the Committee and the applicant by providing candid responses to the items on this form. If you wish to provide additional information or comments, please attach an additional sheet if necessary. The Committee is aware of the time necessary to prepare such an assessment and gratefully acknowledges your help. We would be pleased to provide you with additional information about our program if it will assist you in any way. Send in sealed envelope with signature across back seal.

Please return both pages of the completed form to the applicant listed above in a sealed envelope. Sign your name across the seal of the envelope.

Recommenders Name: _____
Last First Middle

_____ Position Title Organization

Address: _____
Number & Street

_____ City State Zip/Country

Telephone (Home) Telephone (Cell) Telephone (Work)

800-686-1600 | davenport.edu

PROFESSIONAL RECOMMENDATION:

1. In what capacity have you known the applicant? _____

2. How long have you known the applicant? _____

3. What are the applicant's principal talents or strengths? _____

4. What work related characteristics do you consider to be in need of improvement? _____

5. In your opinion, how well has the candidate planned for entry into Davenport University's graduate program? _____

6. Describe this applicant's propensity to work with school-aged youth and/or children? _____

7. Please rate the applicant using this scale.

| | Outstanding | Good | Average | Poor | Unable to Judge |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| • Intellectual ability | <input type="checkbox"/> |
| • Dependability | <input type="checkbox"/> |
| • Leadership | <input type="checkbox"/> |
| • Integrity | <input type="checkbox"/> |
| • Initiative | <input type="checkbox"/> |
| • Ability to work with others | <input type="checkbox"/> |
| • Maturity | <input type="checkbox"/> |
| • Written communication skills | <input type="checkbox"/> |
| • Oral communication skills | <input type="checkbox"/> |
| • Persistence and drive | <input type="checkbox"/> |
| • Organizational & Planning skills <i>(ability to allocate & schedule resources/time)</i> | <input type="checkbox"/> |
| • Analytical ability <i>(ability to explore problems in an orderly manner)</i> | <input type="checkbox"/> |

8. Please comment on the above ratings, including any additional statements concerning the candidate's qualifications for graduate study in light of your observations. (Attach an additional sheet if necessary.)

9. Please select one:

- I strongly recommend that this applicant be admitted to the Davenport University Graduate Program.
- I recommend that this applicant be admitted to the Davenport University Graduate Program.
- I recommend with some reservation that this applicant be admitted to the Davenport University Graduate Program.
- I do not recommend that this applicant be admitted to the Davenport University Graduate Program.

My reservations are:

Recommender's Signature: _____ Date: _____

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Professional
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Last First Middle

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|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
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| • Leadership | <input type="checkbox"/> |
| • Integrity | <input type="checkbox"/> |
| • Initiative | <input type="checkbox"/> |
| • Ability to work with others | <input type="checkbox"/> |
| • Maturity | <input type="checkbox"/> |
| • Written communication skills | <input type="checkbox"/> |
| • Oral communication skills | <input type="checkbox"/> |
| • Persistence and drive | <input type="checkbox"/> |
| • Organizational & Planning skills <i>(ability to allocate & schedule resources/time)</i> | <input type="checkbox"/> |
| • Analytical ability <i>(ability to explore problems in an orderly manner)</i> | <input type="checkbox"/> |

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Recommender's Signature: _____ Date: _____

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