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

Master of Urban Educational Leadership only
 Certificate of Urban Educational Leadership

- 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 3.0
- 3. Professional Status
 - Staff/Position Title:

Certified Teacher - Grade Level/Subject:

- School: _
- Other: ____
- 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.

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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

PRINT ALL INFORMATION IN INK

Name:	Last	First	Middle
Address:		·	
	Number & Street		
	City	State	Zip/Country
	Preferred Telepho	one #	
Email Add	ress:		
Date of Bi	rth://	_ Gender: 🗌 Male 🔲 Female	
ETHNICI	TY & CITIZENS	HIP	
	Davenport Univer this information i	rsity requests this information for federa is optional.	l reporting purposes,
Citizenshi	p 🔲 U.S. Citiz	en 🛛 Resident Alien 🖵 Non-Reside	nt
Country o	f Birth		
Ethnicity			rican American
			_
	American I	ndian/Eskimo Aleutian 🛛 Asian/Pacifi	c Islander 🗌 Multiracial
ls English	your first langua	ge? □Yes □No	
EMPLOY	MENT		
Currently	employed? 🛛 Ye	es 🔲 No	
Organizat	ion Name		
Position/T	itle		
Address:	Number & Stree	*	
	Number & Stree	31	
	City	State	Zip/Country
Telephone	Number:	Current Supervisor:	
EDUCAT	IONAL BACKGI	ROUND	
Highest D	egree Completed	i: 🔄 BA 🔄 MA 🛄 SPEC 🛄 Doctorate	e
PREVIOU	IS COLLEGE(S))	
1. Colleg	je/School		
City _		State	
Last D	Date Attended	Degree Earned	
2. Colleg	je/School		
City _		State	
Last D	Date Attended	Degree Earned	
3. Colleg	je/School		
City _		State	
Last D	ate Attended	Degree Earned	

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Application for Admissions

CONVICTION/REVOCATION 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

- 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 towards educational leadership in Urban settings. 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.

Focus on the following questions:

- As an educational leader, what is your vision for how to advance an Urban school?
- How do you think educational leaders should support teachers in Urban schools?

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

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Statement of Purpose

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)	Cell Phone
Email Address			

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. <u>Sign your name across the seal of the envelope.</u>

Recommenders Name:						
	Last	First	Middle			
Pos	ition	Title	Organization			
Address:						
	Number & S	treet				
	City	State	Zip/Country			

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Professional Recommendation

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.

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

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:

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

Student Name:	Last	First	Middle
Address:			
	Number & Stree	t	
	City	State	Zip/Country
Telephone (Home)		Telephone (Work)	Cell Phone
Email Address			

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. <u>Sign your name across the seal of the envelope.</u>

Recommenders Name:						
	Last		First	Middle		
Position		Title		Organization		
Address:						
	Number & Street					
	0	Otata		Zin (Onumbra)		
	City	State		Zip/Country		

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Professional Recommendation

Telephone (Work)

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?

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Intellectual ability	Outstanding	Good	Average	Poor	Unable to Judge
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Persistence and drive					
Organizational & Planning skills (ability to allocate & schedule resources/time)					
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Recommender's Signature:

Date: