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

☐ Complete Application
   Submit a completed application plus $25 non-refundable application fee 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.
   - Request an official copy of MTTC scores from the State of Michigan to be sent directly to the Davenport University Registrar’s Office at 6191 Kraft Avenue S.E., Grand Rapids, MI 49512.

☐ 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

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. Passage of the Michigan Test for Teacher Certification (MTTC) Basic Skills Test and Subject Area Test or if applicable, testing through the Michigan Occupational Competency Assessment Center (MOCAC)
   - MTTC—Professional Readiness Exam (PRE)*
   - 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.
APPLICATION FOR ADMISSIONS

2014 – 2015
Academic Year

Master of Arts of
Urban Education

PRINT ALL INFORMATION IN INK

Name: ____________________________________________

Address: __________________________________________

City ____________________________________________ State __________

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

Company Name __________________________________________

Position/Title __________________________________________

Address: __________________________________________

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 __________
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

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 _____________________________
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)
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: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Leadership: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Integrity: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Initiative: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Ability to work with others: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Maturity: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Written communication skills: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Oral communication skills: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Persistence and drive: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
- Organizational & Planning skills: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
  (ability to allocate & schedule resources/time)
- Analytical ability: [ ] Outstanding [ ] Good [ ] Average [ ] Poor [ ] Unable to Judge
  (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: ___________________________

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

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: ____________________________

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.
The Statement of Purpose (SoP) is an essay that will tell the Urban Education Admissions Committee who you are, what has influenced your career path, what your professional interests are 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.

Please provide the following statements:

1. Describe in 1 page your personal philosophy of what you as a teacher need to know and be able to do to affect appropriate student achievement outcomes. Include your reason for electing to take an alternate route for teacher preparation and clarification.

2. Describe in 2 pages your experience that has generated your interest in becoming a teacher.

3. Describe in a 2 page response WHY you believe you could become a quality teacher.

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