

Graduate Admissions Application

Master of Education in Curriculum and Instruction

Instructions

NAME OF INSTITUTION

STATE

- 1. Return the completed form and \$25.00 application fee in the envelope provided. Make checks payable to Gannon University. All first-time graduate students are required to pay the application fee.
- 2. Please have a final, official transcript from ALL colleges attended forwarded to the Office of Graduate Admissions. To be considered official, transcripts must be sent directly from your previous institution(s) to Gannon University. All transcripts become the property of Gannon University and cannot be returned or forwarded to a third party.
- 3. Three letters of recommendation must be forwarded for all degree-seeking students. Letters should be submitted by individuals who are familiar with the applicant's academic and professional background. All recommendations become the property of Gannon University and cannot be returned to the applicant or forwarded to a third party.

Gannon University
Office of Graduate
Admissions

109 University Square Erie, PA 16541-0001 Phone 814-871-7474

Toll Free 800-GANNON-U Fax 814-871-5827

DEGREE AWARDED

source code (office use only)

PLEASE PRINT OR TYPE					
Name	T FIRST		SOCIAL SECURITY NUMBER		UMBER
PLEASE INDICATE ANY OTHER NAME(S) UNDER WHI Mailing Address NUMBER STREE		BE SUBMITTED. Home Address	NUMBER	STREET	
CITY COUNTY STATE Home Telephone Number ()		CITY Date of Birth	COUNTY	STATE	ZIP CODE
Work Telephone Number ()_		u Male	☐ Female		
E-mail					
APPLYING FOR (Select one from each b					
☐ Fall 20 Term ☐ Spring 20 Term ☐ Summer 20 Term	☐ Weekend Op	☐ Full Time ☐ Part-Time ☐ Weekend Option		Campus ach Center	
If Summer, do you plan to continue in the Fall?	☐ Summer and	☐ Summer and Online Option		If so, location of center:	
ARE YOU CERTIFIED TO TEACH? Quesse forward a copy of your teaching control of the	ertification) E COURSES AT GANN				
COLLEGES ATTENDED (Include ALL	Colleges attended):				
1NAME OF INSTITUTION STA	TE DATES ATT	ENDED (FROM/TO)	MAJOR	DE	GREE AWARDED
2NAME OF INSTITUTION STA	TE DATES AT	TENDED (FROM/TO)	MAJOR	DE	GREE AWARDED
3NAME OF INSTITUTION STA	TE DATES AT	TENDED (FROM/TO)	MAJOR	DE	GREE AWARDED

DATES ATTENDED (FROM/TO)

MAJOR

WORK EXPERIENCE				
Position	Dates	Employer		Address
REFERENCES (Degree-See List the names and position		s from whom you will request	a recommendation	
List the hames and position	is of the three person	Thom whom you will request	a recommendation.	
1.				
2.				
2				
3.				
*RELIGIOUS AFFILIATION	ON (Optional)			
	☐ Greek Cathol:	c Greek Orthodox	☐ Jewish	☐ Baptist
☐ Episcopal	☐ Presbyterian	☐ Methodist	☐ Lutheran	☐ Islamic
*RACIAL/ETHNIC BACK	GPOUND (Ontions	1)		
	-		7	
□ Native American or□ Asian or Pacific Isla			Non-Resident Alien Mexican-American	☐ Puerto Rican☐ Other Latino/Hispanic
				•
* THIS INFORMATION I ADMISSION TO GANN		D FOR STATISTICAL PURP	OSES ONLY. IT HAS N	O BEARING ON
ADMISSION TO GAIN	CON CIVIVERSIII.			
Please write a brief statemen	nt of your purpose in	pursuing Graduate Study:		
I certify that the information	provided by me is ac	curate to the best of my knowle the applicant nor forwarded to	dge, and understand that	all records become the property
-				
Signature			Date	

ADVOCATE FOR CAMPUS ACCESSIBILITY — Mr. Gerard M. Miele, Director of New Student Services, is the 504/ADA coordinator for students who are impaired in ways requiring accommodation of facilities, programs, or services of the University. Students seeking information or assistance in any matter regarding accessibility or accommodations should contact him at the Office of New Student Services, Phone: (814) 871-7597 promptly upon admission to the University.

Gannon University pursues a policy of non-discrimination in all activities and programs under its sponsorship. Gannon University makes all decisions regarding selection for admission, financial assistance to students, application for employment, and all other personnel actions without regard to race, creed, color, national origin, age, sex or disability as defined by law. Questions or inquiries regarding the University's non-discrimination policy should be directed to the Director of Human Resources, Gannon University, 109 University Square, Erie, Pennsylvania 16541-0001; Phone (814) 871-5615.



Research Aptitude

Graduate Admission Recommendation Form

APPLICANTS, PLEASE Control All recommendations become					cant nor forward	led to a third party
Name:	Date:					
Graduate Program into which	ch admission is soug	ght:				
Social Security Number:						
The Family Education Priva them. Students are permitte recommendation for use by	ed to waive their rig	ht of access to re	commendati			
I □ waive □ do not wai	ive my right to see	e this recommer	ndation.			
TO BE COMPLETED BY H	PERSON MAKING	THE RECOMM	ENDATION	[:		
Your Name:		Title:				
Place of Employment:						
1. I have known the application	ant for a period of _	years				
2. I have known the application	ant as:					
Please complete the chart be you prefer to write a separat pay careful attention to you	te letter, please attac r evaluation of this c	h it to this comp candidate, and ar	leted form ar e grateful for	nd return it to the your assistance	ne address on 1	
Please compare the applic	exceptional	outstanding	ge and statu	average	below	no basis for
Intellectual Ability					average	judgment
Scholarship						
Oral Expression						
Written Expression						
Industry						
Emotional Stability						
Motivation						

(over)

Mail to: Office of Graduate Admissions	SIGNATURE
Gannon University 109 University Square	
Erie, Pennsylvania 16541-0001	DATE
	DITTE