

**Doctoral Program Application for the
Ed.D. in Educational Leadership**



School of Education
Southern Connecticut State University

Deadline: March 1, 2008

**DEPARTMENTAL APPLICATION FOR ADMISSION –
DOCTORAL STUDIES**

DEPARTMENT OF EDUCATIONAL LEADERSHIP & POLICY STUDIES
SOUTHERN CONNECTICUT STATE UNIVERSITY

I. PERSONAL INFORMATION

Full Name _____
Last (Family)
First
Middle
List any other name(s) which
may appear on transcripts

Permanent address _____
No. and Street

_____ Telephone No. () _____
City
State/Country
Zip Code

E-Mail Address _____ Social Security Number ____ - ____ - ____ Date of Birth ____ - ____ - ____

Male Female U.S. Citizen If not a U.S. Citizen: Country of Citizenship: _____

II. PROGRAM CONCENTRATION

Anticipated Area of Concentration: _____

III. EDUCATION

All Colleges and Universities Attended

Institution	Dates of Attendance	Major Field of Study	Degree Received	Date Degree Granted
	to			
	to			
	to			
	to			

IV. TESTING INFORMATION

Please list the date(s) you have taken or plan to take the GRE:

GRE (Graduate Record Examination)

Date _____

Score _____

Date _____

Score _____

Date _____

Score _____

V. EMPLOYMENT HISTORY Include present and previous employment, city and state of employment.

EMPLOYER	DATES	BRIEF DESCRIPTION OF DUTIES
	to	
	to	
	to	
	to	

VI. REFERENCES List persons supplying your letters of recommendation.

NAME	TITLE	ADDRESS

VII. AWARDS & HONORS Include any awards, honors, professional memberships or professional certificates.

VIII. PRESENTATIONS & PUBLICATIONS

IX. STATEMENT OF INTEREST Please carefully prepare a written statement regarding your reasons for choosing this graduate program, how your current and past professional experiences have led to this goal. Be sure to include your future plans and how the Ed.D. fits into this program.

Signature _____ **Date** _____

Return to: **Department of Educational Leadership
 Doctoral Admissions Committee
 501 Crescent Street
 New Haven, CT 06515**

RECOMMENDATION FORM

To be filled in by the applicant:

Name of Applicant: _____

Proposed Degree Program: _____ Deadline for Application _____

Statement Requested of: _____

Under the provisions of the Family Educational Rights and Privacy Act of 1974, I waive my right of access to this letter of recommendation.

 Signature of Applicant (Optional) Date: _____

To the person completing this recommendation:

Please comment on the applicant's ability to carry on advanced graduate study and research, his/her general character, and preparation for a successful career in the chosen field. Compare the applicant to others you have known in the field on the chart below. If you choose to use additional or separate sheets please use this as a cover sheet and staple. Your prompt response to the applicant is appreciated given the requirement that they turn in a completed application packet.

	Upper 1 or 2%	Upper 10%	Upper 25%	Upper Half	Lower Half	No Basis for Judgment
Breath of General Knowledge						
Ability in Oral Expression						
Ability in Written Expression						
Perseverance						
Emotional Maturity						
Demonstrated Leadership Qualities						
Problem Solving Skills						
Interpersonal Skills						

Signature: _____ Date: _____

Name(print): _____ Position: _____

Institution: _____

Address: _____ Zip Code: _____

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