

# Admission Application

## MAT Program

**Plan to Enroll:**

**20** \_\_\_\_\_

**G#** \_\_\_\_\_

| <b>APPLICANT INFORMATION</b>   |  |                             |  |                              |                             |        |        |      |      |                             |
|--|--|-----------------------------|--|------------------------------|-----------------------------|--------|--------|------|------|-----------------------------|
| Last Name  |  | First                       |  | M.I.                         | Date                        |        |        |      |      |                             |
| Street Address   |  |                             |  |                              | Apartment/Unit #            |        |        |      |      |                             |
| City   |  |                             |  | State                        |                             |        | ZIP    |      |      |                             |
| Phone  |  |                             |  | E-mail Address               |                             |        |        |      |      |                             |
| Date of Birth  |  |                             |  | Social Security No.          |                             |        | Gender | ___F | ___M |                             |
| Ethnicity (Optional)   | ___ White/Caucasian ___ Black/African American ___ Asian /Pacific Islander ___ Native American ___ Other |                             |  |                              |                             |        |        |      |      |                             |
| Are you a citizen of the United States?  | YES <input type="checkbox"/>   | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |        |        |      |      |                             |
| Have you been dismissed from any position because of immoral or unprofessional conduct?  | YES <input type="checkbox"/>   | NO <input type="checkbox"/> | If so, when?                                   |                              |                             |        |        |      |      |                             |
| Have you ever been convicted of a felony?  | YES <input type="checkbox"/>   | NO <input type="checkbox"/> | If yes, explain                                |                              |                             |        |        |      |      |                             |
| Previous Career:   |  |                             |  |                              |                             |        |        |      |      |                             |
| <b>EDUCATION (PLEASE LIST ALL COLLEGES/UNIVERSITIES AND TRADE SCHOOLS FROM WHICH YOU HAVE A DEGREE)</b>  |  |                             |  |                              |                             |        |        |      |      |                             |
| Please send a copy of an official transcript from each undergraduate institution you attended and a Grambling Graduate School Application to the Grambling Graduate School Office. |  |                             |  |                              |                             |        |        |      |      |                             |
| College  |  |                             |  | Address                      |                             |        |        |      |      |                             |
| From   | To   |                             | Did you graduate?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |        |      |      |                             |
| College  |  |                             |  | Address                      |                             |        |        |      |      |                             |
| From   | To   |                             | Did you graduate?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |        |      |      |                             |
| Other  |  |                             |  | Address                      |                             |        |        |      |      |                             |
| From   | To   |                             | Did you graduate?                              | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Degree |        |      |      |                             |
|  |  |                             |  |                              |                             |        |        |      |      |                             |
| <b>PLEASE INDICATE THE DEGREE AND CERTIFICATION YOU WISH TO PURSUE:</b>  |  |                             |  |                              |                             |        |        |      |      |                             |
| PLEASE INDICATE BELOW YOUR PRAXIS SCORES. IF YOU HAVE A MASTER'S DEGREE YOU ARE EXEMPT FROM PRAXIS I.  |  |                             |  |                              |                             |        |        |      |      |                             |
| <b>Praxis I Scores</b>   |  | _____                       |  |                              | <b>Praxis II Test #</b>     |        | _____  |      |      | <b>Praxis II Test Score</b> |
| _____ Elementary Education: Inclusive (Grades 1-5)*  |  |                             |  |                              |                             |        |        |      |      |                             |
| _____ Secondary Education: Inclusive (Grades 6-12)*  |  |                             |  | **Subject Area:              |                             |        |        |      |      |                             |

**I UNDERSTAND THAT MY ACCEPTANCE INTO THE MAT PROGRAM IS CONTINGENT ON VERIFICATION OF ALL INFORMATION SUBMITTED ON AND WITH THIS APPLICATION. PLEASE RETURN COMPLETED APPLICATION AND APPROPRIATE DOCUMENTS (SEE CHECKLIST). ONLY COMPLETED APPLICATION PACKETS WILL BE EVALUATED FOR ADMISSION.**

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|