



**Whitworth
University**

300 W. Hawthorne Rd.
Dixon Hall
Spokane, WA
99251

APPLICATION FOR ADMISSION

TO A GRADUATE PROGRAM (or Post-Baccalaureate Study)

GRADUATE STUDIES IN EDUCATION

\$35
Application Fee

(Non-Refundable)

Please attach
to application

Term applying for: Fall Spring Summer 20__ Sex: M F Whitworth ID#: _____ (if known)

Name _____
(Print) Last First (Legal) Middle Maiden (other names)

Mailing Address _____
Number and Street City State Zip

Permanent Address _____
(if different) Number and Street City State Zip

Home Phone (____) _____ Work Phone (____) _____ Other Phone (____) _____

Present Occupation _____ If teaching, what school and grade level _____

Employer _____ Work Phone (____) _____

Employer's Address _____
Number and Street City State Zip

Date of Birth ____/____/____ Birthplace _____ City State/Country Citizenship _____ USA

Social Security Number ____-____-____ E-mail: _____

Ethnic Origin (Optional)

Asian American, Pacific Islander Hispanic American White, Caucasian American Other (specify) _____
 Black, African American Native American Canadian

Have you ever attended Whitworth University? Yes No Dates _____ (other names used) _____

Do you plan to apply for Financial Aid? Yes No

Have you taken the GRE? _____ Math ____% Verbal ____% Have you taken the MAT? _____ Score _____

Colleges/Universities Attended	Dates	Major	Certificates & Degrees Received
•*			
•*			
•*			

⇒ Note: Please have one* (1) official transcript from each institution attended sent to:
Dept. of Graduate Studies in Education, Whitworth University, 300 W Hawthorne Rd., Spokane, WA 99251.

Degree Program you intend to pursue

- | | |
|--|--|
| <input type="checkbox"/> M.Ed. Elementary Education | <input type="checkbox"/> M.Ed. Secondary Education |
| <input type="checkbox"/> M.Ed. School Administration | <input type="checkbox"/> M.Ed. Administrative Leadership |
| <input type="checkbox"/> M.Ed. School Counseling | <input type="checkbox"/> M.Ed. Community Agency Counseling |
| <input type="checkbox"/> M.A. School Counseling | <input type="checkbox"/> M.A. Community Agency Counseling |
| <input type="checkbox"/> M.A.T. Gifted and Talented | <input type="checkbox"/> M.A.T. Special Education |

Certification/Endorsement you intend to pursue

- | | | |
|--|---|--|
| <input type="checkbox"/> Residency ESA Certificate, School Cslg. | <input type="checkbox"/> Professional Teacher Certificate | <input type="checkbox"/> ELL (on line) |
| <input type="checkbox"/> Residency Administrator Certificate | <input type="checkbox"/> Special Education Endorsement | Endorsement in: _____ |
| <input type="checkbox"/> Professional Administrator Certificate | | |

⇒ Please include a photocopy of any current certificate you hold (Principal, Teacher, ESA)

In applying for admission to Whitworth University, I agree to abide by the regulations of Whitworth University so long as I am connected with it as a student.

Signed _____ Date _____
(Signature of Applicant)