



Education/Special Education Department
6800 Wydown Boulevard
St. Louis, Missouri 63105-3098
(314) 889-1430
fax (314) 719-8002
www.fontbonne.edu

James R. Muskopf, Ed. D.
Director, Master of Arts in Education
Room 235 East Building
(314) 889-4536
jmuskopf@fontbonne.edu

Application for Graduate Study

Please print

Send completed application, \$25 nonrefundable fee (payable to Fontbonne University), and proof of a baccalaureate degree from an accredited four-year college or university to the program director.

I am currently interested in a Master of Arts in Education in the area of

- Curriculum and Instruction
- Reading
- Diverse Learners
- Special Education

Name _____ Maiden name _____ SSN _____

Local address _____
Street City State Zip Code

Home phone _____ Cell phone _____

Business phone _____ E-mail address _____

Place of employment _____

School district, if applicable _____

Are you a citizen of the United States? Yes No If no, are you a permanent resident? Yes No

If no, what is your country of citizenship? _____

If no, what is your country of birth? _____

Have you ever been convicted of or plead guilty to a crime, or are any criminal charges now pending against you? Yes No

If so, please specify the nature and circumstances of the offense, the date it occurred, the name and location of the court, and the sentence imposed.

Have you previously applied or attended Fontbonne University? Yes No

If yes, please indicate date(s)? _____

ENROLLMENT INFORMATION

Semester/ Term of enrollment Summer _____ Fall _____ Spring

How did you learn about this Master's program? _____

List All Colleges and Universities Attended

Institution

Dates Attended

Degrees Received

GPA*

*A minimum undergraduate GPA of 3.0 is required for unrestricted admission.

I wish to request an application for transfer of graduate credit previously earned at another college/university (limit to 6 hours).

SELF STATEMENT

A self-statement is required with your application for admission. Please use this as an opportunity to tell us about your academic achievements, work experience, reason for pursuing graduate study, and personal and professional goals. Please use a separate sheet and enclose with your completed application. (Limit 300 - 500 words.)

INTERNATIONAL APPLICANT

The United States Immigration and Naturalization Service requires that we collect the following data from our international students:

Gender _____ Marital Status _____ Date of Birth _____/_____/_____
(month) (day) (year)

Immigration Status (visa status; i.e., F -1, F-2, H-1b, etc.) _____

International Address _____

English proficiency (TOEFL scores) _____ GMAT/GRE Scores _____

Fontbonne University does not discriminate on the basis of race, color, religion, age, gender, sexual orientation, national or ethnic origin, or disability in employment or in the administration of its educational policies, admission policies, scholarship and loan programs, athletic and other school-administered programs. Furthermore, Fontbonne University prohibits retaliation against anyone who either opposes unlawful discrimination, assists or participates in an investigation of a complaint of discrimination, or exercises his or her rights under any law that forbids employment discrimination. The Fontbonne University coordinator for Title IX and Section 504 of the Rehabilitation Act of 1973 and the EEO coordinator for other laws and regulations prohibiting discrimination: Vice President for Finance and Administration, Fontbonne University, 6800 Wydown Boulevard, St. Louis, MO 63105, phone: (314) 710-8007, fax: (314) 719-8023. If the allegations of discrimination or retaliation allege involvement of the Vice President for Finance and Administration, then notification of the complaint shall be made to the University President. The University will thoroughly and promptly investigate all complaints and take corrective or disciplinary action when appropriate. Fontbonne University complies with the Family Educational Rights and Privacy Act of 1074, Public Law 93-380 as amended.

Race _____ Gender _____ Religion _____(optional)

Date of Birth _____/_____/_____
(month) (day) (year) Place of Birth _____(optional)

I CERTIFY THAT THE INFORMATION I HAVE GIVEN IN THIS APPLICATION IS COMPLETE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

Signature _____

Date _____

To advance to degree-seeking status, the following must be forwarded to the MAED director prior to the completion of 12 credit hours:

1. Official transcripts from every college or university attended
2. Three letters of recommendation, one of which is from a supervisor or recent academic advisor
3. Letter of self-statement