

Make a Life. Make a Living. Make a Difference.



Supporting documentation needed for **all** applications:

- Completed application form
- \$40 non-refundable application fee
- Official transcripts from **all** colleges/universities attended
- Three professional or academic recommendations
- Passing scores on the GACE Basic Skills Assessment
- Application essay
- Acceptable score on the GRE

### APPLICATION FOR ADMISSION

### Master of Arts in Teaching Program – Early Childhood Education

### PERSONAL INFORMATION

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
E-mail Address

Name \_\_\_\_\_  
Last First Middle Maiden Preferred Name

Mailing Address \_\_\_\_\_  
Street Home Phone

\_\_\_\_\_  
City State Zip Code Cell Phone

Sex:  Male  Female Date of Birth \_\_\_\_\_ Marital Status \_\_\_\_\_

Citizenship:  US Citizen  Dual US citizen; please specify the other country of citizenship \_\_\_\_\_  
 US permanent resident visa; citizen of \_\_\_\_\_ Alien registration number \_\_\_\_\_

Other citizenship \_\_\_\_\_  
country(ies) Visa type

Race (optional): Hispanic/Latino of any race:  Yes  No  
 American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White or Caucasian

**How did you hear about Oglethorpe's MAT program?**  Radio  Newspaper  Friend  
 Current teacher  Website (please specify) \_\_\_\_\_  Other (please specify) \_\_\_\_\_

### EDUCATION

List below all other colleges/universities you have attended.

Name of Institution	City & State	Date Attended	Degree/Subject
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you eligible to return to the last college/university attended for further study? \_\_\_\_\_

Have you ever been dismissed from another college/university either temporarily or permanently? If so indicate reason: (academic or disciplinary) \_\_\_\_\_

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**RECENT WORK EXPERIENCE**

(if applicable)

School	City & State	Date	Teaching Position
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Current Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**EDUCATIONAL PLANS**

Intended term of entry to Oglethorpe University

Fall       Spring      Year \_\_\_\_\_

Have you ever applied for admission to Oglethorpe University before?  Yes     No    If so, when? \_\_\_\_\_

I will be applying for additional financial assistance  Yes     No

My intent is to enroll full-time (3 classes per semester)       part-time

**STATEMENT OF GOALS AND PURPOSE**

Please enclose a 500-1000 word essay in which you state your purpose in seeking admission to Oglethorpe University. You may include information on background preparation, specific classes you wish to take, future academic and career objectives, and other factors pertinent to your application. Please tell us what prior experience you have had working with children.

I certify that none of the information requested on this form is false and that no information has been withheld. I further certify that I understand that by giving false information or withholding information may make me ineligible for admission or to continue my enrollment at Oglethorpe University.

**Date** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Return To: Office of Graduate Admission, Oglethorpe University, 4484 Peachtree Road, NE, Atlanta, Georgia 30319-2797**

*Oglethorpe University makes no distinction in its admission or financial aid policies or procedures on the grounds of age, race, gender, religious beliefs, color, sexual orientation, national origin or physical disability.*



RATING SHEET	Truly Exceptional	Excellent	Above Average	Average	Below Average	Poor	No opportunity to observe
Intellectual powers							
Breadth of general knowledge							
Teaching ability or potentiality							
Ability as a speaker							
Ability as a writer							
Imagination							
Acceptance of responsibility							
Persistence							
Independence							
<b>GENERAL ACADEMIC STANDING – Taking all factors into consideration, what overall rating would you give to the applicant?</b>							

In addition to checking the above factors, please write a statement indicating the student's outstanding strengths and weaknesses. (Attach a separate sheet if desired.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

Institution \_\_\_\_\_

PLEASE SEND COMPLETED FORM TO: Office of Graduate Admission  
 Oglethorpe University  
 4484 Peachtree Rd, NE  
 Atlanta, Georgia 30319-2797  
 Fax (404) 364-8491